WITNESS REGISTRATION

Committee Name: SEN. FINANCE & REVENU	E
Public Hearing on: SB 312	Date: <u>3-4-13</u>
Please register if you wish to testify on the above named measure/issue.	Please print legibly.

Name and Organization <u>or</u> County of Residence	Phone #	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	Capanana	Yes	No	For	Against	Neutral	Yes	No
BOS VROMAN			X		X		×	
BOB VROMAN			X		X			
Committee Services							Revise	d 04/04