## manar Januari

## **WITNESS REGISTRATION**

Committee Name:_	SEN. FINANCE +	REVENUE
Public Hearing on:_	5B 314	Date: 3-/3-/3
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 # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Jody Wiser			X		X		X	
		1						
Committee Services							Revise	ed 04/04