WITNESS REGISTRATION	PUBLIC RECORD
Committee Name: Senate Business & Trans	portation
	2-2-15

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)	Phone # (Optional) Do you live more than 100 miles from this meeting location?			Position			Are you submitting written testimony?			
PLEASE PRINT LEGIBLY	(0)	Yes	No	For	Against	Neutral	Yes	No			
Peter Threlkel Secretary of state			×	X			$\boldsymbol{X}$				
				MEASURE: SB 7Le EXHIBIT: 3 SENATE BUSINESS & TRANSPORTATION DATE: 2/2/15 PAGES: 1 SUBMITTED BY: STOFF							
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