PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

| Committee Name: H. Consumer Protection + C | sovernment Effectiveness |
|--|------------------------------------|
| Public Hearing on: 143 2476 | Date: 2/5/2015 |
| Please register if you wish to testify on the above-named me | asure/issue. Please print legibly. |

| Name Organization or County of Residence PRINT LEGIBLY | | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
|---|-----|--|---------------------|---------|---------|
| | | this meeting. | For | Against | Neutral |
| BARRY PACK | DAS | | × | | |
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