WITNESS REGISTRATION

Committee Name: Schotle	Business	+ Transpa	taction	
	-70	(<u>V.</u>	0/11/10	

Public Hearing on: 58 578 Date: 3/4/15

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 #	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
Tom Barrows			,_	~				
Progressive Insurance								
Tom Barrows Progressive Insurance SHAWN MILLER, PCI								
			3					