PUBLIC RECORD

WITNESS REGISTRATION

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Michael Thorpe			X	X				X
				MEASUR EXHIBIT SENATE DATE: SUBMITI	E:	238 & TRANSI 5 PAGE 5 TOFF	PORTAT	- ПОN —