WITNESS REGISTRATION

Please register if you wish to testify on the above named measure/issue		Please print legibly.		
Public Hearing on:	HB 5012	Date:	4-2-2015	
Committee Name:	JWMTR			

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
DARRELL FULLER contractors			V	t	-			i_
Show Sunds toom Hoffman Construction)		V					V
LOW HOLSTON MAC								
John Powell Stakeholder-Insurance Indu	ily		V	V				V
John Powell Stakeholder-Insuranza Indu. Lana Butter Sidd "ins Clients			V	V				V
			·					
					, ,			
Committee Services							Revise	ed 04/04