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: _____

CS001 (rev. 6/2014)

| Public Hearing on: | 34A | Date: | _ Date: <u>5/5//5</u> | | | | | |
|--|---|--|-----------------------|---------|---------|--|--|--|
| Please register if you wish to testify on the above-named measure/issue. Please print legibly. | | | | | | | | |
| Name PRINT LEGIBLY | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure | | | | | |
| Proceedings of the | 1 | | For | Against | Neutral | | | |
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