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: _	Senate Co	smmittee on	Finance: Revenue	
Public Hearing on:	<u> 5B</u>	564	Date:	3/1/17
Please register if yo	u wish to testify	y on the above-na	med measure/issue. <i>Please</i>	print legibly.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure			
			For	Against	Neutral	
Fred Girad	Sen Dist. 9					
				_		

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## WITNESS REGISTRATION

Committee Name:	Senate (	Pornin Her o	n France ? Pev	erve	
Public Hearing on:	_53	564		_ Date:_	3/1/17
Places register if yo	u wish to testi	fy 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		
			For	Against	Neutral
Fred Giracl	Sen - Dist. 9				