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WITNESS REGISTRATION

Committee Name: _	Senat	e Jud	iciany		
Public Hearing on:	SB	769)	Date:	3/6/17
Please register if you	wish to testify	on the above	-named measure/issu	ie. <i>Please</i>	print legibly.
Nama		Organiza	tion or County of	Check if you	Position on Massura

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		this incetting.	For	Against	Neutral
Rick Blacknell Dorothy Bean	DCBS, DFR		×		
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Sg.					