

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE

BILL NUMBER: _____

Support _____

Oppose _____

Neutral _____

Testimony Will Be: In Person Oral _____ Webex Oral _____ Written Only _____

For Meeting on _____
(Date)

Testimony By: _____
(Name of person testifying)

On Behalf Of: _____
(Association, Corporation, Individual)

Email Address: _____

Telephone: _____