

SIGN IN SHEET

Please sign in whether you choose to testify or not. If you plan to testify, or have written testimony to submit, please indicate below.

	FIRST NAME (Please Print Legibly)	LAST NAME (Please Print Legibly)	SIGNATURE	I WANT TO TESTIFY TONIGHT	I HAVE WRITTEN TESTIMONY TO SUBMIT
1	ROGER	BERRY	<i>[Signature]</i>		
2	Ellen	Berry	<i>[Signature]</i>		
3	Jeff	Tyler	<i>[Signature]</i>		
4	TONY	WISNIEWSKI	<i>[Signature]</i>		
5	Jennifer	Grims	<i>[Signature]</i>		
6	Ken	Grank	<i>[Signature]</i>		
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