

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	LAST NAME	SIGNATURE	I WANT TO TESTIFY TONIGHT	I HAVE WRITTEN TESTIMONY TO SUBMIT
1	Dan Smith		<i>Dan Smith</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Lisa	Smith	<i>Lisa Smith</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	Matt	Reich	<i>MR</i>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>