NAME SENATOR TON KEAN! DATE: 12/13/18
ORGANIZATION REPRESENTED (if any)
3-MAIL (OPTIONAL) SENKEAN ON LEG. ORG
ADDRESS (OPTIONAL)
(OPTIONAL)
WISH TO SPEAK ON BILL NUMBER 502-43 /502-152 /ACR-205
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.  NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.
THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

JAME Jeanne Locicer Lochiere DATE: 12/13	_
ORGANIZATION REPRESENTED (if any) ACLU & New Ferkey	
E-MAIL (OPTIONAL) JUCICERO & ACLU-NIJORE	
ADDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL) 973-854-1715	
WISH TO SPEAK ON BILL NUMBER SUR 43 + SUR 152	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP	-
IN FAVOR OPPOSED	
Speaker will be accorded an opportunity to testify at the Chair's discretion.  NO NEED TO TESTIFY	

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

SENATE STATE GOVERNMENT	COMMITTEE	DATE: 12/13/18
NAME EVE NOVERSIN	sector Community Democr	
3-MAIL (OPTIONAL) W C/V 36-7->	Come Con	<u></u>
ADDRESS (OPTIONAL)  TELEPHONE (OPTIONAL)  WISH TO SPEAK ON BILL NUMBER 50	R43/5CR152	
WISH TO SPEAK ON BILL NUMBER	PLEASE SUBMIT ONLY ONE BILL NUMBER PER S	OPPOSED
	at all interdigenation	NO NEED TO TESTIFY

Speaker will be accorded an opportunity to testify at the Chair's discretion.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: _	12/13/18
NAME Dera Mottola Jaboreka		
DRGANIZATION REPRESENTED (if any) New Jersey C1+720 Ach		
E-MAIL(OPTIONAL)		
ADDRESS (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER SCR 43 + SQR 52		
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIT	PPOSED	1
INFAVOR	10000	

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	JE CLEAVES	DATE: 12-13-18
ORGANIZATION REPRESENTED (if any)	PRINCETON COMA	NUNITY DEMOCRATIC ORG
CITACLIA	ICO LZAVPSII C	2 MAIL COAS
1 3/	de hill ST D	nceton
ELEPHONE (OPTIONAL)		(1) (2) (1)
WISH TO SPEAK ON BILL NUMBER	SCR43/SCR	2.192
	PLEASE SUBMIT ONLY ONE BIL	L NUMBER PER SLIP
IN FAVOR		OPPOSED

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME_William Adler	DATE: 12/13/18
DRGANIZATION REPRESENTED (if any) Princeton Gerrymandering Project	
3-MAIL(OPTIONAL)	
ADDRESS (OPTIONAL)	
CELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCR-152	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP	:
IN FAVOR TO HAVE CONCERNS OPP	POSED []
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NEED TO TESTIEV

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME William	Aller				DATE: 12/13/	18
DRGANIZATION REPRESENT		nceton	Gerrymandering	Project		
E-MAIL (OPTIONAL)		-		•		
ADDRESS (OPTIONAL)						
TELEPHONE (OPTIONAL)			,			
WISH TO SPEAK ON BII	LL NUMBER 5	CR-43				
		PLEASE SU	BMIT ONLY ONE BILL NU	MBER PER SLIP		
IN FAVOR		Have Lov	nce (ns.	OF	PPOSED	

NO NEED TO TESTIFY

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

Speaker will be accorded an opportunity to testify at the Chair's discretion.

DATE: 12/13/18
NAME Harner Dortes
) RGANIZATION REPRESENTED (if any) NJ Highlands American Fromise Assoc.
-MAIL (OPTIONAL) heather a SOD with, com
ADDRESS (OPTIONAL) 252 W. Valley
ELEPHONE (OPTIONAL) 908-380-02,1
WISH TO SPEAK ON BILL NUMBER SCR 43/SCR 152
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

12/13/18
tim Chan League
IN THE HOLD STATE
7928
) 79 28
W.

NO NEED TO TESTIFY

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NAME	n Kjout	5	DATE: 12/3	(8
ORGANIZATION REPRESENTED (if any)	League of	Ware	- Voters	aC
E-MAIL(OPTIONAL)				1
\DDRESS <u>(OPTIONAL)</u>				
ELEPHONE (OPTIONAL)				
WISH TO SPEAK ON BILL NUMBER	PLEASE SUBMIT ONLY ONE B	4 SC	P (5)	
IN FAVOR		OPPO	and a string of an extra full format of the string of the	

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12/13/18
NAME Scott Novakowski	
DRGANIZATION REPRESENTED (if any) NEW JEISCY Institute	Er Scoid Instill
E-MAIL (OPTIONAL) SNOVAKOWSKIE NJISJ. OP	
ADDRESS (OPTIONAL)	
TELEPHONE (OPTIONAL) 773 - 951 - 0361	
WISH TO SPEAK ON BILL NUMBER SCR 152/SCR 43	
PLEASE SUBMIT ONLY ONE BILL N	UMBER PER SLIP
IN FAVOR	OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion	NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME AMY Golds	muth / Dan	d Prinalo,	TE: 12/13/18
ORGANIZATION REPRESENTED (if any)	Clean Water	Achon	
E-MAIL (OPTIONAL)			
ADDRESS (OPTIONAL)			
TELEPHONE (OPTIONAL)			
WISH TO SPEAK ON BILL NUMBER _	SCR 43	SCR192	
,	PLEASE SUBMIT ONLY ON	E BILL NUMBER PER SLIP	
IN FAVOR		OPPOSI	ED

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

			DATE:	D/13/	18
JAME Mexicity Muser	heimer			•	
)RGANIZATION REPRESENTED (if any)	th Jersey	Women	for Pro	gessive	Change
3-MAIL (OPTIONAL) MEYE WITH M	reisenhei mer			J	
DDRESS (OPTIONAL)			·		<u> </u>
ELEPHONE (OPTIONAL)	·				
wish to speak on bill number $50$	R 43/152				
	PLEASE SUBMIT ONL	Y ONE BILL NUMBE	R PER SLIP		
IN FAVOR			OPPOSED	X	
Speaker will be accorded an opportunity to testify at t	the Chair's discretion.		NO NEED T	O TESTIFY	

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

The Tallor	DATE: 13 Dec 18
NAME SSTILL	
ORGANIZATION REPRESENTED (if any)	
E-MAIL (OPTIONAL) STONE GOL. COM ADDRESS (OPTIONAL) Woodeliff Dale	
TELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP	
IN FAVOR OF	PPOSED

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

			DATE: 12-13-18
NAME CAYDING AYMST	vong		
ORGANIZATION REPRESENTED (if any)	Indivisible	Lambertui	le-New Hope
E-MAIL(OPTIONAL)		, ,	
DDRESS (OPTIONAL)			
ELEPHONE (OPTIONAL)	•		
WISH TO SPEAK ON BILL NUMBER	SCR43/3	5CR 152	
	PLEASE SUBMIT OF	NLY ONE BILL NUMBER PE	R SLIP
IN FAVOR		Ol	PPOSED

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 13-2018
JAME Brian Lee	
ORGANIZATION REPRESENTED (if any)	Central (1)
	n Dr Confrset NJ
TELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER  PLEASE SUBMIT ONLY OF	NE BILL NUMBER PER SLIP
IN FAVOR	OPPOSED V

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12/13/8
AME PATRICK MURRAY	
RGANIZATION REPRESENTED (if any) Monmarth University Polling	Institute
MAIL(OPTIONAL)	
ODRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER	SLIP
IN FAVOR OPP	POSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any	prepared statement.

JAME Brion Lee	DATE: $(2-1)-20$
NAME DE, ON	N /~
ORGANIZATION REPRESENTED (if any) ITOTYS ble (extal	(V)
E-MAIL (OPTIONAL) UNDOXED OSMAT (COM	
ADDRESS (OPTIONAL) (08 Etry Sherry Dr Some	\$5824 (V)
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER $S(R-Q)$	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SL	IP
IN FAVOR	OPPOSED TO

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME at 1 1000	Haux			DATE: Dec	(3
ORGANIZATION REPRESENTED (if	any)	ot Ind	ivis ble		
E-MAIL (OPTIONAL)	echnot 2	5 - 2 Name 1	2101		
ADDRESS (OPTIONAL)	3 8 8 37°	Hernald			
ELEPHONE (OPTIONAL)	200 8 87	10214			
WISH TO SPEAK ON BILL NUI	MBER Sign 4	7/152			
	PLEA	SE SUBMIT ONLY ONE	BILL NUMBER PER SLIP		
IN FAVOR			OF	PPOSED []	
Speaker will be accorded an opport	unity to testify at the Cha	air's discretion.	· N(	O NEED TO TEST	IFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME DAN JANOWSKI	DATE: 12-13-18
ORGANIZATION REPRESENTED (If any) Action Together NJ	
G-MAIL (OPTIONAL)	•
ADDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER $5cR43$	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER	SLIP
IN FAVOR OP	POSED 4
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NEED TO TESTIEV

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12-13-18
NAME DAN JANOWSKI	
ORGANIZATION REPRESENTED (if any) Action Tegether	TU
E-MAIL (OPTIONAL)	
ADDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER 5°CE152	·
PLEASE SUBMIT ONLY ONE BI	LL NUMBER PER SLIP
IN FAVOR	OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12/13/18
JAME HERBERT 6 (ARBOUS	
DRGANIZATION REPRESENTED (if any) CENTRAL TERSEY PROGRESS	IN EDEMOCRATS
-MAIL (OPTIONAL) TARBEUS & GMAIL COM	
IDDRESS (OPTIONAL) 4/1 NEW MARKETRD PISCATAWAY	NJ 08454 .
ELEPHONE (OPTIONAL) 212-662-6117	
WISH TO SPEAK ON BILL NUMBER $2000 - 1000$	
PLEASE SUBMIT ONLY ONE BILL NUMBER P	PER SLIP
IN FAVOR	OPPOSED Z
Speaker will be accorded an opportunity to testify at the Chair's discretion.	O NEED TO TESTIFY

NO III

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE:
NAME Marcia Marley	
ORGANIZATION REPRESENTED (If any) Blue Wave WT	
E-MAIL (OPTIONAL) Marcia me bluewaven j. org	
ADDRESS (OPTIONAL)	
`ELEPHONE (OPTIONAL)	<u> </u>
WISH TO SPEAK ON BILL NUMBER SCP 152	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER	SLIP
IN FAVOR OPI	POSED X

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME Heiai Wilenius (Wilenius)  DATE: 12/13/18
ORGANIZATION REPRESENTED (if any)
ADDRESS (OPTIONAL) 93 West Prospect St Hopewell MT 08525
WISH TO SPEAK ON BILL NUMBER SURMIT ONLY ONE BILL NUMBER PER SLIP
PLEASE SUBILITY ON BY DESCRIPTION OF THE PROPERTY OF THE PROPE
IN FAVOR 17

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

COMMITTEE	12/18/18
	DATE: 12/13/18
riffeth, Tr.	
Quantum	
ffethiname wested	1d NJ 07090
. Dudley Ave, Wes 110	
PLEASE SUBMIT ONLY ONE BILL NUMBE	OPPOSED OPPOSED
	OPPOSED
	riffoth, Tr.  ffeth, name Dudley Ave, Westfield  SCR 152  PLEASE SUBMIT ONLY ONE BILL NUMBER

NO NEED TO TESTIFY Speaker will be accorded an opportunity to testify at the Chair's discretion. Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

VAME William F. Griffeth, Jr. DATE: 12/13/18
ORGANIZATION REPRESENTED (if any)
3-MAIL (OPTIONAL) bill@griffeth.name
ADDRESS (OPTIONAL) 264 W. Dudley Ave, West Field NJ 07090
ELEPHONE (OPTIONAL)
WISH TO SPEAK ON BILL NUMBER $ \leq                                  $
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR TO OPPOSED TO

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

AME JEAN-M	ARIE DONOHVE	DATE: 12-13-18
RGANIZATION REPRESENTED (if any)	WATERSIRIT	
	DONOHVE 26@ gmail. Com	
DDRESS (OPTIONAL)  ELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER _	SCR43 SCR PLEASE SUBMIT ONLY ONE BILL NUMBER PE	CR SLIP
IN FAVOR		OPPOSED

Speaker will be accorded an opportunity to testify at the Chair's discretion.

discretion. NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 2018-12-13
AME Timothy Lankin	
/ RGANIZATION REPRESENTED (if any)	
MAIL(OPTIONAL)	
ODRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER <u>SCR 152</u>	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER	RSLIP
IN FAVOR OP	PPOSED D
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any	prepared statement.

	10/-1
IAME Matthew Skeete	DATE: 12/13/15
RGANIZATION REPRESENTED (if any) OUN REVOLUTION -E	SSEX COUNTY NJ
-MAIL (OPTIONAL) Matthew. Skecte@gmail. Com DDRESS (OPTIONAL) BZ Stewart Place, South Orange	
DDRESS (OPTIONAL) 62 Stewart Place, South Orange	NJ 07079
ELEPHONE (OPTIONAL) 973-996-8271	
WISH TO SPEAK ON BILL NUMBER $\frac{GCR-43}{1R}$	
PLEASE SUBMIT ONLY ONE BILL NUM	BER PER SLIP
IN FAVOR.	OPPOSED T
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

AME_LIZ GIVAA	DATE	3: 12/13/18
RGANIZATION REPRESENTED (if any)		<u> </u>
MAIL (OPTIONAL) 12 a glynn e graf com		
DDRESS (OPTIONAL) 62 Buttonman St. Lamberty 11e	NJ	08530
ELEPHONE (OPTIONAL) 732 - 670 -5152		
WISH TO SPEAK ON BILL NUMBER SCR - 43 & SCR - 15	32	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SI	LIP	
IN FAVOR	OPPOSED	
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEEL	O TO TESTIFY

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12/13/2018
IAME TIM ROLL	
ORGANIZATION REPRESENTED (if any)	
ADDRESS (OPTIONAL) 1 Shale lane Clifton	
TELEPHONE (OPTIONAL)	tock trunc
WISH TO SPEAK ON BILL NUMBER  PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLI	IP
IN FAVOR	OPPOSED )
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO PESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of a	any prepared statement.

	DATE: 13 13
NAME HEWHER Marko	·
ORGANIZATION REPRESENTED (if any)	
3-MAIL (OPTIONAL) heather marks to outlook coon	
ADDRESS (OPTIONAL) A Meadowhouse 23.	
relephone (optional)	
WISH TO SPEAK ON BILL NUMBER	
PLEASE SUBMIT ONLY ONE BILL N	UMBER PER SLIP
IN FAVOR	OPPOSED 🔀
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with o	copies of any prepared statement.

COMMITTEE	
AME Ingrid Reed (retired from directing)  RGANIZATION REPRESENTED (if any)	DATE: 12-13-18 The Wend Jasey a Eagleton Institute)
MAIL (OPTIONAL)   WREED PWI. COM  DDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)  WISH TO SPEAK ON BILL NUMBER 5 C	ER SLIP
IN FAVOR.	OPPOSED 🔀
Speaker will be accorded an opportunity to testify at the Chair's discretion.  Please give this completed form to the Committee aide prior to the start of the meeting along with copie	NO NEED TO TESTIFY  es of any prepared statement.

Lana judleh	DATE: 12 (13) 18
NAME LANG ZURFILL	Legal worrow voters of N
ORGANIZATION REPRESENTED (if any)	OUNT of Represent US
E-MAIL (OPTIONAL) ZUCINS 18(0)	a mail, on
IDDRESS (OPTIONAL) 19 Bunker Hill	Cranbury N
ELEPHONE (OPTIONAL) (609) 975	6761
WISH TO SPEAK ON BILL NUMBER 50,2	-192143
	PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR	OPPOSED

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

COMMITTEE	1-10
NAME RICHARD Bye To DRGANIZATION REPRESENTED (if any) LWV Llager women L	DATE: 12/15/18
ADDRESS (OPTIONAL) 2 E Ageli: 11 Ave, Marristerun, N.	07960
WISH TO SPEAK ON BILL NUMBER SCR43 SCR 152  PLEASE SUBMIT ONLY ONE BILL NUMBER PE	OPPOSED X
	NO NEED TO TESTIFY

Speaker will be accorded an opportunity to testify at the Chair's discretion.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12/13/18
IAME SEXW SMITH	
RGANIZATION REPRESENTED (if any) Our Revolution Ch	ion Courty
-MAIL (OPTIONAL)	
DDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCR 43 SCR 152	
PLEASE SUBMIT ONLÝ ONE BILL NUMBER PER SLIP	· /
IN FAVOR  O	PPOSED 🛛
Speaker will be accorded an opportunity to testify at the Chair's discretion.	O NEED TO TESTIFY $\Box$

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

VAMESUC	Altman	DATE: 13
ORGANIZATION REPRESENTED (if any)_	South Jerren Wa	mon for Propessing Charge
3-MAIL (OPTIONAL) SCALT	MANC SMAIL COM	in the many
ADDRESS (OPTIONAL) 326	Point St Cample	
(OPTIONAL)	908-625-9636	
WISH TO SPEAK ON BILL NUMBER	47/11-2	
	PLEASE SUBMIT ONLY ONE BILL	NUMBER PER SLIP
IN FAVOR	·	OPPOSED
Speaker will be accorded an opportunity to test		NO NEED TO TESTIFY
Please give this completed form to the Committ	ee aide prior to the start of the meeting along with	copies of any prepared statement.

$/$ $\wedge$ $\wedge$ $\wedge$ $\wedge$	DATE: 12:13118
NAME On Oilton	
ORGANIZATION REPRESENTED (if any) League of Women Volen	NJ
E-MAIL (OPTIONAL) Jomi, gg @ gmail. Com	
ADDRESS (OPTIONAL)	
TELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCR43 SCR 152 A	CR60/ACR205
PLEASE SUBMIT ONLY ONE BILL N	
IN FAVOR	OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE:
VAME OUG	part of the state
ORGANIZATION REPRESENTED (if any)	Envivonment Very levsty
E-MAIL(OPTIONAL)	<u> </u>
ADDRESS (OPTIONAL)	
TELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER	5 C R - 15 / 5 C R - 143
	PLEASE SUBMIT ONLY ONE BILL-NUMBER PER SLIP
IN FAVOR	OPPOSED

Speaker will be accorded an opportunity to testify at the Chair's discretion.

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

JAME David Goodm		DATE: 12 13 118
VAME VAULA GOODIN		
ORGANIZATION REPRESENTED (if any)	Represent Us/ Outr	CN
3-MAIL(OPTIONAL)	Represent U.S	Central NJ
ADDRESS (OPTIONAL)		
CELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER	SCR 152	18CR 43
	PLEASE SUBMIT ONLY ONE BII	LL NUMBER PER SLIP
IN FAVOR		OPPOSED X
Speaker will be accorded an opportunity to	testify at the Chair's discretion.	NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME_RONALDK CHEN DATE: 12/8/8
DRGANIZATION REPRESENTED (if any). ACLU & W
3-MAIL (OPTIONAL) RONCHEW NJOB GMAIL, COM
ADDRESS (OPTIONAL)
ELEPHONE (OPTIONAL)
WISH TO SPEAK ON BILL NUMBER SCR 152
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

JAME Jurij Ruden	sky		DATE:
ORGANIZATION REPRESENTED (if any)	nam i	Center	for Mustice at
E-MAIL(OPTIONAL)			NYU School of Can
(DDRESS (OPTIONAL)			
ELEPHONE (OPTIONAL)			
WISH TO SPEAK ON BILL NUMBERSCR	15.7	a SCI	243
PLE	ASE SUBMIT ONLY	Y ONE BILL NUMBER	R PER SLIP
IN FAVOR			OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's di	iscretion.	ug along with copies of	NO NEED TO TESTIFY  ten testimony  if any prepared statement
THIS FORM IS A GOVERNMENT RECORD AND W			and one conf

NAME Ronald W. Pierce
ORGANIZATION REPRESENTED (if any) New Jersey Institute for Social Tustice
ADDRESS (OPTIONAL)
TELEPHONE (OPTIONAL)
WISH TO SPEAK ON BILL NUMBER 5/50 4 43 (Same bill
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR OPPOSED OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.
THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

NAME_SANDRA PERSIMETI
ORGANIZATION REPRESENTED (if any) League of Mos a 1/2 for
-MAIL (OPTIONAL) ACRESON DE CO CONTRAIS ( CO)
DDRESS (OPTIONAL) Home Har Tel Out 2D Du
ELEPHONE (OPTIONAL)
WISH TO SPEAK ON BILL NUMBER SCR 43+SCR 15-2
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.  NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.
THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

SENATE STATE GOVERNMENT, WAGERING, TOURISM & COMMITTEE	DATE: 12/13/2018
RENT	11. 7685
PRGANIZATION REPRESENTED (if any) LEAGUE OF WOMEN	) VBIZAG
ADDRESS (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCR 43 SCR 159 PLEASE SUBMIT ONLY ONE BILL NU	OPPOSED
IN FAVOR	NO NEED TO TESTIFY
Speaker will be accorded an opportunity to testify at the Chair's discretion.  Please give this completed form to the Committee aide prior to the start of the meeting alor	TO THE PUBLIC UPON REQUEST.

		DATE: 12-13-18
NAME Jill Lewis - S	pector	
DRGANIZATION REPRESENTED (if any) Least	e of Women Voters of	NJ
3-MAIL (OPTIONAL) 1/2W/S OVOFT	a yahoo, com	<u> </u>
ADDRESS (OPTIONAL) 204 Linco	In Ave, Highland	fack, NJ 08904
ELEPHONE (OPTIONAL)	, ,	
WISH TO SPEAK ON BILL NUMBER	5CR43/SCR 152	
PLE	ASE SUBMIT ONLY ONE BILL NUMBER PER SLIP	
IN FAVOR	OPI	POSED
Speaker will be accorded an opportunity to testify at the Ch	nair's discretion.	NEED TO TESTIFY
Please give this completed form to the Committee aide price	or to the start of the meeting along with copies of any	prepared statement.

JAME KARN RANDA
DRGANIZATION REPRESENTED (if any) Lengue (15 Women Volers
E-MAIL (OPTIONAL)
ADDRESS (OPTIONAL)
ELEPHONE (OPTIONAL)
WISH TO SPEAK ON BILL NUMBER SCR 43/SCR 152
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.  NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the mosting along with coming of any with complete of any with a

	DATE: 12/13/18
NAME_Ethelikeid	7/.1-0
DRGANIZATION REPRESENTED (if any) LECGUE CT WONGEN	V 0 (CV)
E-MAIL (OPTIONAL) evel 36 ( ) 201. CONT	
ADDRESS (OPTIONAL)	
TELEPHONE (OPTIONAL) 732-826-8944	
WISH TO SPEAK ON BILL NUMBER PLEASE SUBMIT ONLY ONE BILL NUMBER PER	•
IN FAVOR	OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

		DATE:
PRGANIZATION REPRESENTED (if any)	new larned Paventhood	Action Fund NJ
-MAIL(OPTIONAL)		
(DDRESS (OPTIONAL)		
ELEPHONE (OPTIONAL) WISH TO SPEAK ON BILL NUMBER	SCR43/152 PLEASE SUBMIT ONLY ONE BILL NUMB	ER PER SLIP
IN FAVOR		OPPOSED V
Speaker will be accorded an opportunity to testify	at the Chair's discretion.	NO NEED TO TESTIFY Ves of any prepared statement.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12/13/18.
JAME ELIZHBETH MCREAN	
DRGANIZATION REPRESENTED (if any) ANDRENCE LEACUE OF WOME	o voters
E-MAIL (OPTIONAL)	
ODDRESS (OPTIONAL) 38 PINE KNOW PR LAWRENCEVILLE RT.	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCR 157 +143	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER	SLIP
IN FAVOR OPI	POSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

GENTAL	COMMITTEE	DATE: 12-13-18	
		DATE: 12 10	-
JAME Susan P.	ronti	nen Voters of Sussex Highla	b
	10048 OF WOV	nen voters of sassay	1
)RGANIZATION REPRESENTED (	tany) read a		T.
MAIL (OPTIONAL) STUSSE	ngirontia hotmail com Sussex Mills Rd Spai	-ta	
5-MAIL (OI TIONAL) (ale	Sussex Mills Rd Spar	- V-C	
ADDRESS (OF HORRE)	799-9294		
PRIONE (OPTIONAL) 4	13-130	52	
WISH TO SPEAK ON BILL?	NUMBER SCR 431 SCR 1 PLEASE SUBMIT ONLY ONE B	ILL NUMBER PER SLIP	
WIGHT TO US	* APENSE 20 mm.	OPPOSED X	
IN FAVOR		•	
IIA LWAOK		NO NEED TO TESTIFY	
		110 11222	

Speaker will be accorded an opportunity to testify at the Chair's discretion. Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

DATE: 12/13/18
VAIVIE Sury MILLIOCA
ORGANIZATION REPRESENTED (if any) LWV Lauvere Luz
3-MAIL (OPTIONAL) Sally marcica to g man com
(DDRESS (OPTIONAL)
ELEPHONE (OPTIONAL)
WISH TO SPEAK ON BILL NUMBER NO NEED to Speak - Bill #SC 152 & 43
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR  OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.  NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the data of the

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

JAME	Nicole Plett	DATE: 12.13:18
ORGANIZATION REPRESEN  -MAIL (OPTIONAL)	TED (if any) League of Women Votens of NBPLETT@ JAHOO COM	Lawrence Twp.
ADDRESS (OPTIONAL)  ELEPHONE (OPTIONAL)	Lawrence Twp. NJ 08648	
WISH TO SPEAK ON BILL	3011 130 1 301	. 43
IN FAVOR	PLEASE SUBMIT ONLY ONE BILL NUMBER I	OPPOSED X
Speaker will be accorded an op	portunity to testify at the Chair's discretion.	O NEED TO TESTIFY
Please give this completed form	n to the Committee aide prior to the start of the meeting along with copies of a	any prepared statement.

NAMEMIChael	Wilson	DATE: 12/13/18
ORGANIZATION REPRESENTED (if any)	democracy is love . org	
E-MAIL (OPTIONAL)	, s <sub>m</sub> 1	
DDRESS (OPTIONAL)		
ELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER	SR 152	
	PLEASE SUBMIT ONLY ONE BILL NUMBER PER	SLIP
IN FAVOR	OPI	POSED
Speaker will be accorded an opportunity to testify at the C	hair's discretion.	NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

	DATE: 12-13-18
VAME Shoshana Osofsky	
DRGANIZATION REPRESENTED (If any) Allied for the Am	nerican Promise
3-MAIL (OPTIONAL) allied 4the american Domise	
ADDRESS (OPTIONAL) 1109 Buch Shutem Red. Bold	W 08305
TELEPHONE (OPTIONAL) 609-334-7082	
WISH TO SPEAK ON BILL NUMBER SCR 152	
PLEASE SUBMIT ONLY ONE BILL	NUMBER PER SLIP
IN FAVOR	OPPOSED X
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY $ imes$

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

COMMITTEE
ME ard E. Cay  DATE: 12/13/18
GANIZATION REPRESENTED (if any)
MAIL (OPTIONAL) COMP CON 7476
DRESS (OPTIONAL)  DRESS (OPTIONAL)  DRESS (OPTIONAL)
LEPHONE (OPTIONAL) 732 6/6-1751
WISH TO SPEAK ON BILL NUMBER SCR43 SCR 152
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR TO OPPOSED OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.  NO NEED TO TESTIFY  Please give this completed form to the Committee aide prior to the start of the mosting elementary.

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME_ PHISSO WOLF	DATE: 12/13/18
ORGANIZATION REPRESENTED (if any)	
3-MAIL (OPTIONAL) ANDIF 74039 (Pact. COV)	
(DDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SR43/SC R153	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP	
IN FAVOR OP	POSED A
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any	prepared statement.

	DATE:	12/13/18
IAME Kernichn tandoc		
RGANIZATION REPRESENTED (if any)		
-MAIL(OPTIONAL)		
DDRESS (OPTIONAL)		
ELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER SCR43		
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP		
IN FAVOR,  O	PPOSED X	
Speaker will be accorded an opportunity to testify at the Chair's discretion.	O NEED TO	TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any	y prepared stat	ement.

NAME JOSEPH Managno	<u> </u>	DATE: 2018-12-13
ORGANIZATION REPRESENTED (if any)		
E-MAIL (OPTIONAL)		
ADDRESS (OPTIONAL)		
ELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER SCR 152		
PLEASE SUE	BMIT ONLY ONE BILL NUMBER PE	R SLIP
IN FAVOR	0	PPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion	NC	NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of	the meeting along with copies of an	y prepared statement.

	COMMITTEE
IAME Kathleen Jereme	DATE: <u>8018-12-13</u>
RGANIZATION REPRESENTED (if any)	
-MAIL (OPTIONAL)	
DDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCRISZ	
IN FAVOR []	OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's did Please give this completed form to the Committee aide prior to the	scretion.  NO NEED TO TESTIFY  start of the meeting along with copies of any prepared statement
THICKODAGE	Land the broken or granding in

JAME Sharen Packada		DATE: 2018-12-13
The significant possession		
)RGANIZATION REPRESENTED (if any)		
E-MAIL (OPTIONAL)		
DDRESS (OPTIONAL)	•	
ELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER SCA 152		
PLEAS	E SUBMIT ONLY ON	E BILL NUMBER PER SLIP
IN FAVOR		OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's disc	retion.	NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the s	tart of the meeting alo	ng with copies of any prepared statement.

	DATE: 2018-12-13
NAME Leslie Kosser Schraer	
)RGANIZATION REPRESENTED (if any)	
E-MAIL (OPTIONAL)	
ADDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCR152	
	PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP
IN FAVOR	OPPOSED
Speaker will be accorded an opportunity to testify at the	Chair's discretion. NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

AME Alexis Carly	DATE: 2018-12-13
RGANIZATION REPRESENTED (if any)	
MAIL(OPTIONAL)	
ODRESS (OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER SCR 152	
PLEASE SUBMIT ONLY ONE BILL NUMBER	PER SLIP
IN FAVOR	OPPOSED X
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY $X$
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of	any prepared statement.

	DATE: 13 December 2018
JAME Lynn Kaiser	
ORGANIZATION REPRESENTED (if any)	
E-MAIL (OPTIONAL)	
(OPTIONAL)	
ELEPHONE (OPTIONAL)	
WISH TO SPEAK ON BILL NUMBER OCR 43 SCR 152	
PLEASE SUBMIT ONLY ONE BILL NUMBER PE	ER SLIP
IN FAVOR O	PPPOSED X
Speaker will be accorded an opportunity to testify at the Chair's discretion.	O NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of an	y prepared statement.

	DATE:
JAME_Tereso 5+impfel	
ORGANIZATION REPRESENTED (if any)	
E-MAIL (OPTIONAL)	
DDRESS (OPTIONAL) 328 Andover Pl	Robbins 11-
ELEPHONE (OPTIONAL)	SOME NO
WISH TO SPEAK ON BILL NUMBER SCR 152 + 4	3
PLEASE SUBMIT ONLY ONE	BILL NUMBER PER SLIP
IN FAVOR	OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along	g with copies of any prepared statement.

NAME_//ICtole Forbec	DATE: 12/13/18
ORGANIZATION REPRESENTED (if any)	
E-MAIL (OPTIONAL)  ADDRESS (OPTIONAL)  CELEPHONE (OPTIONAL)	Retmail Com Ret Belle Mead 08502
WISH TO SPEAK ON BILL NUMBER SCAR 4	/3
PLEASE SUBMIT ONLY ONE B	ILL NUMBER PER SLIP
IN FAVOR	OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.	ANO MERETTO THORNWILL
Please give this completed form to the Committee aide prior to the start of the meeting	along with copies of any prepared statement.

COMMITTEE	
JAME_Theresa Winegar	DATE: 12/13/18
ORGANIZATION REPRESENTED (if any) NJGOP	
-MAIL (OPTIONAL) there sa @ njgop. org	
(DDRESS (OPTIONAL)	
ELEPHONE (OPTIONAL) (109-989-7301)	

WISH TO SPEAK ON BILL NUMBER SCR43 PLEASE SÚBMIT ONLY ONE BILL NUMBER PER SLIP

Speaker will be accorded an opportunity to testify at the Chair's discretion.

IN FAVOR

OPPOSED X

NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

		DATE: 12 · 10 /18
NAME TONY GIET	dano	
)RGANIZATION REPRESENTED (if any)	UUCMC	
E-MAIL (OPTIONAL)		
ADDRESS (OPTIONAL)		
CELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER		
IN FAVOR	PLEASE SUBMIT ONLY ONE BILL NUMBER PER SL	OPPOSED VSCR43
Speaker will be accorded an opportunity to te	stify at the Chair's discretion.	NO NEED TO TESTIFY

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME William Comp. (-)		DATE: 12 (13) (5)
ORGANIZATION REPRESENTED (if any) March Or	Tranton	
E-MAIL (OPTIONAL)		
ADDRESS (OPTIONAL)		
(OPTIONAL)		
WISH TO SPEAK ON BILL NUMBERSCG43		
PLEAS	SE SUBMIT ONLY ONE BILL NUMB	BER PER SLIP
IN FAVOR		OPPOSED 🔽
Speaker will be accorded an opportunity to testify at the Chair's disc	cretion.	NO NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the s	start of the meeting along with copies	s of any prepared statement.
THIS FORM IS A GOVERNMENT RECORD AND WI	LL BE AVAILABLE TO THE	E PUBLIC UPON REQUEST.

NAME KYLE MOORE	DATE: 12/13/18	
ORGANIZATION REPRESENTED (if any)		-
3-MAIL(OPTIONAL)		
ADDRESS (OPTIONAL) 3262 Concord Drive, Cinnam	inson	
(OPTIONAL)	111 2011	
WISH TO SPEAK ON BILL NUMBER SCR-43		
PLEASE SUBMIT ONLY ONE BILL NUMBER	R PER SLIP	
IN FAVOR	OPPOSED 🔽	
	NO NEED TO TESTIFY	
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.		

NAME Rhylan Good	DATE: 12/13/18	
ORGANIZATION REPRESENTED (if any) Pinelands Preser	vation Allinon	
E-MAIL (OPTIONAL)	- HATILE	
ADDRESS (OPTIONAL)		
(IELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER _ SCR 43		
PLEASE SUBMIT ON	LY ONE BILL NUMBER PER SLIP	
IN FAVOR	OPPOSED	
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY	
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.		
THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.		

NAME Rhyan Grech	DATE: 12/13/18
ORGANIZATION REPRESENTED (if any) Proclands Preservation Alliano	7)
E-MAIL (OPTIONAL)	<u> </u>
ADDRESS (OPTIONAL)	
TELEPHONE (OPTIONAL)	·
WISH TO SPEAK ON BILL NUMBER $SCR152$	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP	<u> </u>
IN FAVOR	
OP.	POSED 2
Speaker will be accorded an opportunity to testify at the Chair's discretion.	
Please give this and the control of testing at the Chair's discretion.	NEED TO TESTIFY
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any p	Drepared statement
THIS FORM IS A GOVERNMENT DECORD	re-part distribute.
THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC	LIDON DEOXIDOS
- 1222 T OBENC	OF ON RECUEST

COMMITTEE		
NAME JEFF EMMAY	DATE: 12/13/18	
ORGANIZATION REPRESENTED (if any)		
E-MAIL (OPTIONAL) JEFFGMMAY @ COMCast ADDRESS (OPTIONAL)	net	
TELEPHONE (OPTIONAL)	,	
WISH TO SPEAK ON BILL NUMBER SCREAS SCREAS	177	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP		
IN FAVOR	OPPOSED D	
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY	
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.		

COMMITTEE  COMMITTEE
NAME_Stefanikasdin
ORGANIZATION REPRESENTED (if any)
E-MAIL (OPTIONAL) STEFANI KASAN BAIM COM
TELEPHONE (OPTIONAL)
WISH TO SPEAK ON BILL NUMBER SOR 43/SCR 15
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP  OPPOSED
Speaker will be accorded an opportunity to testify at the Chair's discretion.  Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

NAME_ ANDRE	DATE: 12/13/18	
ORGANIZATION REPRESENTED (if any)		
3-MAIL (OPTIONAL) 9 KDIX (O CA)		
ADDRESS (OPTIONAL)		
(OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER SCIETE STORY		
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP		
IN FAVOR	OPPOSED	
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIFY	
Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.		
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COMMITTEE		
NAME (aro) 01 Nei/		
ORGANIZATION REPRESENTED (if any)		
E-MAIL (OPTIONAL) COVO 1, ONCH 1, 57 @ 9 Mail. COW) ADDRESS (OPTIONAL) 228 Belle AVBOX DY-Cherry HIIN SCROY TELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER SCR43/SCR152		
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP		
IN FAVOR OPPOSED OPPOSED		
Speaker will be accorded an opportunity to testify at the Chair's discretion.  NO NEED TO TESTIFY  Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.		

NAME_1/11/19/10/16		
ORGANIZATION REPRESENTED (if any)		
E-MAIL (OPTIONAL) / / I GN WOIFE @ COMCOST NOT		
ADDRESS (OPTIONAL) West Dept for a NJ 08686		
TELEPHONE (OPTIONAL)		
WISH TO SPEAK ON BILL NUMBER SCR43/SCR152		
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP		
IN FAVOR OPPOSED OPPOSED		
Speaker will be accorded an opportunity to testify at the Chair's discretion.		
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NAMEAndrea Mastro	DATE: <u>12//3//8</u>	
ORGANIZATION REPRESENTED (if any)		
E-MAIL (OPTIONAL) AMOSTVO3 @ yah.o	o, com	
ADDRESS (OPTIONAL)		
TELEPHONE (OPTIONAL) (0098274155		
WISH TO SPEAK ON BILL NUMBER SCR 43	1 SCRISZ	
PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP		
IN FAVOR	OPPOSED \	
Speaker will be accorded an opportunity to testify at the Chair's discretion.	NO NEED TO TESTIEV	

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