Witness Information Form

Please complete the Witness Information Form before testifying

Date: February 9, 2016

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: Testifying at Request of Compact for a Balanced Budget Commission

(If Applicable)

Position/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: c/o Compact Administrator, 2323 Clear Lake City Blvd., Ste. 180-190

City: Houston state: TX Zip: 77062

Telephone: 281-286-5864

Are you representing: yourself X organization\_\_\_\_\_\_

Do you wish to testify on

legislation (bill number): HB369

specific issue: Merits of Compact/Balanced Budget Amendment Advanced by HB369

subject matter: Economics/Fiscal Policy/Constitutional Law

Do you favor X or oppose \_\_\_\_\_\_ the enactment of legislation regarding this issue?

Please give a brief statement of the grounds on which you favor or oppose such enactment:

Chairman Brown, Vice Chairman Blessing, Ranking Member Clyde, and members of the House Government Accountability & Oversight Committee, thank you for allowing me to provide testimony on House Bill 369 to enact the Compact for a Balanced Budget at the Request of the Compact Commission of the Compact for a Balanced Budget. it is my opinion that .

will you have a written statement, visual aids, or other material to distribute?

Yes x No\_\_ (attached)

(if yes, please provide copies to the chairman or secretary)

how much time will your testimony require? None\_



Chairman Brown, Vice Chairman Blessing, Ranking Member Clyde, and members of the House Government Accountability & Oversight Committee, thank you for allowing me to provide testimony at the Request of the Compact for a Balanced Budget Commission, an interstate agency representing member states of the Compact for a Balanced Budget, on House Bill 369 to enact the Compact for a Balanced Budget.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

S/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_