



RECORD OF COMMITTEE WITNESS - ILLINOIS HOUSE OF REPRESENTATIVES

HB 5345

Labor & Commerce Committee Committee

BILL OR RESOLUTION
NUMBER

Wednesday, April 3, 2024 2:00 PM

Other (Subject Matter):

Unavailable

I. IDENTIFICATION

All fields are required unless noted as optional.

Name

Name

Address

Address

City

City

State

IL

Zip

State

Firm/Business
Or Agency

Type your organization or just use "self"

Title

Type your title or just use "self"

Email

Enter an email you are comfortable using

(A confirmation email will be sent if email address is provided.)

Phone

- -

Fax (Optional)

- -

II. REPRESENTATION

This section is to be filled if the witness is appearing on behalf of a group, organization or other entity.

Persons, groups firms represented in this appearance:

Type your organization or just use "self"

III. POSITION

Select your position(s) on the legislative items.

Description

HCA 1

☐ Proponent

☒ Opponent

☐ No Position On Merits

Remove Position

Add Position

IV. TESTIMONY

Select the testimony types that you will supply for the hearing. (Check all that apply)

☐ Oral

☐ Written Statement Filed

☒ Record Of Appearance Only

Please Agree to the Terms Of Agreement

☐ I Agree to the ILGA [Terms of Agreement](#).

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