PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

## WITNESS REGISTRATION

| Committee Name:        |                 |                                 | ===               |                     |
|------------------------|-----------------|---------------------------------|-------------------|---------------------|
| Public Hearing on:     | 53              | 176                             | Date:             | 3/8/17              |
| Please register if you | wish to testify | on the above-named measure/issu | ie. <u>Please</u> | print legibly.      |
| TAT .                  |                 | Organization on County of       | Check if you      | Position on Mossuro |

| Name  PRINT LEGIBLY        | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure |         |         |
|----------------------------|-------------------------------------|--|---------------------|---------|---------|
|                            |                                     |  | For                 | Against | Neutral |
| Chas Allanach              | LRO                                 |  |                     |         |         |
| Chiis Allanaih<br>ART FISH | OBD                                 |  | _                   |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |
|                            |                                     |  |                     |         |         |