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: | HOU | use Judi | gary | | | |
|----------------------|-----|----------|------|--------|-----|-------|
| Public Hearing on: _ | HB | 2593 | ر | Date:_ | 4/3 | 12017 |

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

| Name PRINT LEGIBLY | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
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| | | | For | Against | Neutral |
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