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: _	House	Committee	oh	Rule						
Public Hearing on:	HCIZ	33			Date: 4-27-207					
Please register if you wish to testify on the above-named measure/issue. Please print legibly.										

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
Doug Ri665	OR. ALLiance Of Children's Program				
Doug Riggs  Rep. Huffman.  Clarc Ranit  Mandy Davis					
Clare Ranit					
Mandy Davis					
			•		