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:  | Senate Human Services |              |  |  |  |
|--|-----------------------|--------------|--|--|--|
| Public Hearing on:   | HB 2903 A             | Date: 5/8/17 |  |  |  |
| 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<br>live more<br>than 100<br>miles from<br>this meeting. | Position on Measure |         |         |
|--------------------|-------------------------------------|--|---------------------|---------|---------|
|                    |                                     |  | For                 | Against | Neutral |
| Rep. Okon          |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |
|                    |                                     |  |                     |         |         |