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

WITNESS REGISTRATION

| WITTEDS REGISTRATION | | | | | | | |
|--|----------|--|----------|--|---------------------|---------|---------|
| Committee Name: | SENF | 2 | | _ | | | |
| Public Hearing on | : HB 314 | 17 Date: 5/10/17 | | | | | |
| Please register if you wish to testify on the above-named measure/issue. Please print legibly. | | | | | | | |
| Name | | Organization or County of Residence | | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
| PRINT LEGIBLY | | | | | For | Against | Neutral |
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