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: SB 95   | Date: 2/13/2017       |
| 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 | Position on Measure |         |         |
|--------------------|-------------------------------------|---|---------------------|---------|---------|
|                    |                                     | this meeting.                                       | For                 | Against | Neutral |
| Victoria Blackly   | WA County /GCSS                     |   | X                   |         |         |
| DAVID GILLIS       |                                     |   | Χ                   |         |         |
| Charae White       | WaCo.                               |   | X                   |         |         |
| John Powell        | State Farm                          |   |                     | X       |         |
| Elbe Brown         | State Farm<br>SHMM                  |   |                     | î       |         |
| Roger Byer         |                                     |   |                     |         |         |
| Chenyl Hierstra    | Dept. of Justice                    |   | ×                   |         |         |
| Laura Cali Robson  | DeBS                                |   | X                   |         |         |
| Aeron Teverboungh  | DCBS                                |   | X                   |         |         |
|                    |                                     |   |                     |         |         |
|                    |                                     |   |                     |         |         |
|                    |                                     |   |                     |         |         |
|                    |                                     |   |                     |         |         |
|                    |                                     |   |                     |         |         |