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 Human Services	& Housing	_				
Public Hearing on:	5B 1525	Date: 62/20/18	_				

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		
			For	Against	Neutral
CynVhia Stinen	DHS				
	•				
		э			
•/					