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

	1	WITNESS REGISTRATION				
Committee Name:	House	Human	Services	~ Housing		
Public Hearing on:	53 15	26A		Date: <u>02/20//8</u>	>	

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
Cynthia Shrown Bob Soondeph Sender Knopp	DHS DRO		/		~
Bob Soondeph	DRO				
Servir Knopp			V		
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CS001 (rev. 6/2014)