PUBLIC RECORD: This form, your verbal testimony, and materials you d	listribute will
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WITNESS REGISTRATION

Committee Name: _	House Judiaan	
Public Hearing on: _	HB 2397 J	Date: 1/23/19

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	Position on Measure		
PRINT LEGIBLY		Est. time of testiminy	miles from this meeting.	For	Against	Neutral
Kate Denison	DOT	Imin.		X	Agamst	
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