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 | Committee | on Rul | es | | | |
| Public Hearing on: | HCR | 17 | | Date: 2-27-2019 | | | |

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 |
| Rep. Sollman | | | | | |
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