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:	MLH	3 A	Date:_	4-23-19
Please register if you w	rish to testify on the	above-named me	easure/issue. <i>Pleas</i>	e 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
Bob Estabrook	OSEA		$\bowtie$		