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

| | W | /ITNESS REGISTRATION | | |
|--------------------|--------|-----------------------------|-------------|---|
| Committee Name: _ | SFR | | | _ |
| Public Hearing on: | SB 430 | Date | te: 4/25/19 | |

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 | | |
|-----------------------|--|--|---------------------|----------|---------|
| | | this meeting. | For | Against | Neutral |
| Marcia Kelley | OWRE | | | \times | |
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