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WITNESS REGISTRATION

Committee Name:	Senate Con	nmittee on	1		_
Public Hearing on:	HB 247	ЦА	Date:_	5-2-2019	

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
May sofia	CCDA			X	
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