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:	JCT	э		
Public Hearing on:	5B	1033	Date:	5-6-19
Please register if you	wish to testi	fy on the above-name	ed measure/issue. <u>Please</u>	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
		=			U.
Amy Joyce	GROT-DMV				X
( /					
1		-			
-	i.			.00	
CS001 (say, 6/0014)					