

**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 Rules

Public Hearing on: HCR 36 Date: 4-29-2019

Please register if you wish to testify on the above-named measure/issue. *Please print legibly.*

| Name<br><i>PRINT LEGIBLY</i> | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure |         |         |
|------------------------------|-------------------------------------|--|---------------------|---------|---------|
|                              |                                     |  | For                 | Against | Neutral |
| Rep. Power                   |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |
|                              |                                     |  |                     |         |         |