MEASURE: HB 2296
EXHIBIT: 10
HOUSE HEALTH CARE
DATE: 02-02-15 PAGES: SUBMITTED BY: Staff

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

WITNESS REGISTRATION

| Committee Name: House Committee on Health Care | | | | | |
|--|-------------------------------------|--|---------------------|---------|---------|
| Public Hearing on: HB 2296 | | Date: 02/02/2015 | | | |
| 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 |
| Deborah Ludwig, CPE | OALF Douglas | X | X | | |
| Dobovak Ludwig, CPE Johaila Ahorn EFE | OALE/Multhoman | | X | | |
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