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: Denate Health	Cowre				
Public Hearing on: 53 146	Date: 3-2-15				

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	Position on Measure		
Por	ME TOM HOLT	12 thealth Solutions	this meeting.	For	Against	Neutral
FU	(Dove Barber	OAHU OAHU			/	
		17	_			
-						

CS001 (rev. 6/2014)