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:	Senate Health Care						
Public Hearing on:	5B 7	Date:	3-4-15				
	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	Position on Measure		
			this meeting.	For	Against	Neutral
	Dianne Lancaster	DAS				X
	Dianne Lancaster Kirk Rhoades 1. Peter Courtney	OHA/DHS Stared services				X
De	n. Peter Courtney					
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