**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: _	Scne	fe	Health	Care							
Public Hearing on:	5B (	648			Date: 4/6/15						

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 this meeting.	Position on Measure		
			For	Against	Neutral
Commissioner ammy B	iney Deschutes	X	X		
Lindsey Hopper	Deschutes Come	X	X		
Robin Hendown	Deschudes Thanks	den X	7		
More Shirtcliff	Advantage Derval-Derval-Derva	es X	K		
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CS001 (rev. 6/2014)