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: Sencte	Health Care					
Public Hearing on: <u>5B</u> 773	ring on: <u>5B</u> 773 Date: <u>4/8/15</u>					
Please register if you wish to testify	ase 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	
Sura Gelm						