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: _ | Senos | te Health | Care | |
|------------------------|-----------|-------------------|--------------------|------------------------------|
| Public Hearing on: | SB | 901 | | Date: 4/8/15 |
| Please register if you | u wish to | testify on the ab | ove-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 |
| | EVALYN Cole | Lane Cty-Bryy Co Adventis Medical Cen | frx | X | | |
| | EVALYN Cole Shannon Bunyard Patty O'Jully | Lane Cty-Bryy Co Adventis Medical Cen | ter | X | | |
| - | Patty O'Julles | 0AHHS | | X | | |
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