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: _	Schat	e Heelth	Care	
Public Hearing on:	513	679		Date: 4/15/15
Please register if you	u wish to	testify on the a	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
Josh Balloch Sheila Anders			X		
Sheila Anders			*		
4.					