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	Core		
Public Hearing on:	HB 314	19		Date: 5/4/15	
Please register if voi	u wish to testif	v on the abo	ove-named measu	re/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
JTTM Robinson					
Sen Whitself			/		