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: _  | Senote Health | Core         |  |  |  |  |  |
|--|---------------|--------------|--|--|--|--|--|
| Public Hearing on:   | HB 2551 A     | Date: 5/6/15 |  |  |  |  |  |
| Please 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<br>live more<br>than 100<br>miles from<br>this meeting. | Position on Measure |         |         |
|---------------------|-------------------------------------|--|---------------------|---------|---------|
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| Kimberly McColloy   | ACLU of Oregen                      |  | X                   |         |         |
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