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: Sen a te	Health Care				
Public Hearing on: HB 2	20 28 A	Date:	5/1	3/15	<u> </u>
Please register if you wish to testify	on the above-named measure/issu	ıe. <i>Please</i>	<u>print</u>	<u>legibl</u>	<u>v</u> .
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
Jessica Alamon	Providence		X		
- 1	OR Pharmacy		1		

Jessica Adamon	Pridence		X		
Cory Hust	OR Pharmacy Coalition		X		
Niki Terzieff	or thornacy coalition		X		
Ton Hour	CAMBIA Health Sol)	JS	X		
Jeremy Vandelney	Kriser Permonante		X		
Jim Gardner	PhrmA			X	
ε;					