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 Care			_				
Public Hearing on:	5B 743	_ Date:_	3/2/14	_				
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 live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Tolm Powell Caslos Gutierrez	Products Assoc.		$\checkmark$		
Caslos Gutierrez	consiner healthouse prolitice		<b>/</b>		
	75500	550			