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: House Hea	ilth Care				
		Date: 3/17/17			
Please register if you wish to testify					Ľ.
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
Art Sucherzeuski	Family Care		×	Dan.	lts.
Art Suchorzenski Rep. Cedric Hagd	en				