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: | Son | ate Health | n Care | | | | |
|--|-----|------------|--------|--------|--|--|--|
| Public Hearing on: | SB | 934 | Date:_ | 4/6/17 | | | |
| 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 |
| Jim Rickarde MD Scott Fields Laura Ethert TAWH CREACH Tom Holt-Cabin Peter McGarry-Pa | OHA | | | | |
| Scott Fields | OHEU | | | | |
| Laura Ethert | | | | | |
| JAWH CREACH | CHZ | | | | |
| From Holt-Carbin | | | | V | |
| Peter McGarry - Pa | icific Source | | | | |
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