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 Health Care		
Public Hearing on:	SB 271	_ Date:_	4/26/17
Disease vegistor if you	which to tostify on the above-named measure/issue	Please	e print legibly.

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
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