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WITNESS REGISTRATION

Committee Name: _	How	se Health Care			_			
Public Hearing on:	SB	48 A	_ Date:_	5/10/17				
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		
	7,44,1,22,922			For	Against	Neutral
1	Ann Kirkwood	DHA		Х		
y	Jim Richards	OHA		X		
Y	DeniseTaray	OHA		*		
1	Cheryl Ramirez	AOCMHP		×		
1	Rachael Wissins Emony	USPA : COPACT			X	
,	Newise Taray Chenyl Ramirez Rachael Wissins Emony Nourthi Dresser	OMA				
	0-					