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:	Joint Wa	us + Means	Sub committee	ou	Human Services	_
Public Hearing on:					Date: 6-28-2017	_

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		
30		this meeting.	For	Against	Neutral
ScOTT EKBLAD DONG BARBER	OFFICE OF RURAL KEALTY		X		
DONG BARBER	OR RURAL HEALTH ASSOC		×		
				9	

CS001 (rev. 6/2014)