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WITNESS REGISTRATION

Committee Name: Hous	se Health	Care		
Public Hearing on: 43	2215		Date: 01/24/	2019

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
		this meeting.	For	Against	Neutral
Javonnie Shearn	Clackamas County		X		
Beckie Child	Muthomah		X		
Dolly Matteucci	OSH Superipollizent	*:			X
Dolly Matteucci Kouns, Daniel W KEVIN McChesney	Masson		\times		
KEVIN Mc Chesney	Columbia Care				
	¢				