PUBLIC RECORD: This form, your verbal testimony, and materials you distr	ibute will
be posted on the Internet and accessible to the public.	

WITNESS REGISTRATION

Committee Name: _	SENATE	HEALTH	CARE
Public Hearing on:	5B 6	7	Date: 02-04-2019

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
Ruby Jason	OSBN		×		
Ruby Jason Doug Ribos DR. Ami	Center Assn.				
			6		

CS001 (rev. 6/2014)