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

WITNESS REGISTRATION

	WITHERD REGISTRATION	•					
Committee Name: 5ENATO	E HEALTH CAR	E					
Public Hearing on: 58 5	587	Date: <u>02-06-2019</u>					
Please register if you wish to testify	on the above-named measure/issu	ie. <i>Please</i>	prini	t legibl	<u>v</u> .		
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		
			Y				