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WITNESS REGISTRATION

Committee Name:	SENATE	HEALTH	CARE	
Public Hearing on:	SB	735	Date: 3 -	4-2019
Diago vogistov if vou v	wish to tostify on the a	shove-named measure/i	issue. <i>Please prii</i>	nt 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
Kristen Dillon	Health Plan quality Metrics Committee	V			/
HAR POSTOR	Combig				F