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## WITNESS REGISTRATION

Committee Name:	SENATE	HEAL	HT	CARE		
Public Hearing on:	5B	900	lof a		, 25,	2019
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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	Position on Measure		
		this meeting.	For	Against	Neutral
Felisa Hagins	Multnomah	10	K		
Carol Slavkovsky	Marian		X		
Enerson Padus	Riversodi CE.	X	X		
ASRA ABBASI	Fortan CA	A	X		
Veronia Lowery	Unioncity				
IDA C. DE PERIO	COVINA	<b>/</b>	V		
Michael Borjs	SACramento	/	/		
Jon EAME				X	
Stilling Tony CariciA				X	
25sica Hantoner				X	
Jenn, For Sabousici				X	
Euse Brown	AHIP		X		
Jessica AdaMSO	n Pavidence		X		
Vivice Porter	Campia		X		

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## WITNESS REGISTRATION

Committee Name: _	SENATE HEALTH CARE					
Public Hearing on:	5B 900 2of Z Date: 3,25,2019					
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
JASON WORMAN				X	
DR SALUE ISRAELIT				X	
NICOLE REYES				X	
MARY CHANEY				X	
YASHYE TSONEMY				X	