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

WITNESS REGISTRATION

Committee Name: _	Hou	se Health	Care	
Public Hearing on:	4 4 4	2609	Date: 03/12/19	
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Please register if you wish to te	stify on the above-named measure/issi	ne. <u>Pleuse</u>	prini	tegivi	<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		
		this meeting.	For	Against	Neutral
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THE SECTION		this meeting.				
			For	Against	Neutral	
Jennifer Clemens To Bell	Capital Double Cure		X			
To Bell	Capital Dontal Core		X			
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