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:    | House Hea | uth Care | d          |
|--------------------|-----------|----------|------------|
| Public Hearing on: | HB 2706   | Date:    | 03/12/2019 |

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 |         |         |
|------------------------------------|-------------------------------------|--|---------------------|---------|---------|
|                                    |                                     | this moting.   | For                 | Against | Neutral |
| Alishia Perman                     | LANN                                |  | <u> </u>            |         |         |
| Arishia Perman<br>Jarellia Léjjera | CANN                                |  |                     |         |         |
| Merina Libokmeto                   | CANN                                |  |                     |         |         |
| Aran David                         | MIC,                                |  |                     |         |         |
| Tony Lapiz                         | Rep Rayfield                        |  | V                   |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |
|                                    |                                     |  |                     |         |         |