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:	Senate	Human	Services	
Public Hearing on: _	SB lel	09	Date:_	4/9/19
Please register if you	wish to testify on th	e above-named mea	sure/issue. <i>Please</i>	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
Kyndall Mason	SEIU		X		
Kynfall Mason Phil Bentley Gwen Daylon	OHCA OHCA			X	
Gura Paylon	SHOHGA			1	