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WITNESS	REGISTR	A	TION
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Committee Name:	Hou	se t	lealt	h Care	
Public Hearing on:	<u>5B</u>	177	A		Date: 4/25/2019

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</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	
IRIA NISHIMURA	OHPCA					
TRIA NISHIMURA BARBARA HAKEN FAWN BARRIE	OHPCA OHPCA OAHC					
FAMON BARRIE	DAHC		V			