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WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: 3B 1041 A Date: 05/16/2019

Please register if you wish to testify on the above-named measure/issue. *Please print legibly.*

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
PATRICK ALLEN	ATA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAVE BADEN	ATA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art Sucharzewski	Family Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOSH BALLOCH	ALLIANCE - 8		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>