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WITNESS REGISTRATION

Committee Name: _	Hou	se He	alth	Care	
Public Hearing on:	5B	249	A		Date: <u>05/09/2019</u>

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		
			For	Against	Neutral
TKKeen	Osegon Divid Finacial	Res.	X		
Jesse O'Brien	10		p		
Vince Porter	Cambia Providence		X		
TK Keen Jesse O'Brien Vince Porter Jessin Adams	Providence		X		
			7		
*					