PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

| Committee Name:    | HHC | WITNESS REGISTRATION |                  |
|--------------------|-----|----------------------|------------------|
| Public Hearing on: | HB. | 4074                 | Date: 02/04/2020 |

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<br>live more<br>than 100<br>miles from<br>this meeting. | Position on Measure |          |         |
|------------------------------|-------------------------------------|--|---------------------|----------|---------|
|                              |                                     |  | For                 | Against  | Neutral |
| Hojciech Wiszniewslei        | Ctadames OHSU                       |  | V                   |          |         |
| Foxanne Payne<br>Karen Davis | OHSU                                |  |                     |          |         |
| Roxanne Payne                | Providence                          |  | V                   |          |         |
| Karen Davis                  | American Nutrition Assoc            |  |                     | <b>/</b> |         |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          | *       |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          |         |
|                              |                                     |  |                     |          |         |