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: _	House	se Health	Care							
Public Hearing on:		ν.	Date: 02/11/2020							
Please register if you	se 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
KAREN DAVIS	amorican Nutrition assoc				
Karen Voya X	amorican Nutrition association		X		
Susan Hayfrick Cartini Dresser	otts garaticist		K		
Courtin Dresser	om A		X		