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WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: HB 4019 Date: 2/5/2018

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
Sabrina Riggs	Oregon Academy of Optometry		<input checked="" type="checkbox"/>		
Jared Doernes	Lane County		<input checked="" type="checkbox"/>		
LESLIE BROCK	MULTNOMAH		<input checked="" type="checkbox"/>		
* Niki Terzie A	Oregon Optometric Physicians Assoc.		<input checked="" type="checkbox"/>		
x Rep Fahy			<input checked="" type="checkbox"/>		