

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: Senate Health Care

Public Hearing on: HJR 203 A Date: 02/19/2018

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 |
| Martin Taylor | ONA | | X | | |
| Lillian Mickerson | ONA | | X | | |
| Austin Putman | patient advocat | | X | | |
| Tony Germann, MD | HCAO | | X | | |
| Mark Thompson | | | X | | |
| Bruce Thomson, MD | | | X | | |
| Lee Mercer | HCAO | | X | | |
| Chris Lowe | HCAO | | X | | |
| Mike Sullivan | AWPPD | | X | | |
| Steve Mullan | Poek | | X | | |
| Fernando Goggin | UAW/AFT | | X | | |
| Tom Sinsic | HCAO | | YS | | |
| Madeline Sandbo | HCAO | | X | | |
| Mark Callahan | Callahan For Congress / Clackamas Court-1 | | | XX | |

William Dalton

MARIN CO (+ HCAO)

W

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: Senate Health Care

Public Hearing on: HJR 203 A Date: 02/19/2018

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 |
| BJ CAVOR | ONE IN FOUR | | / | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |