

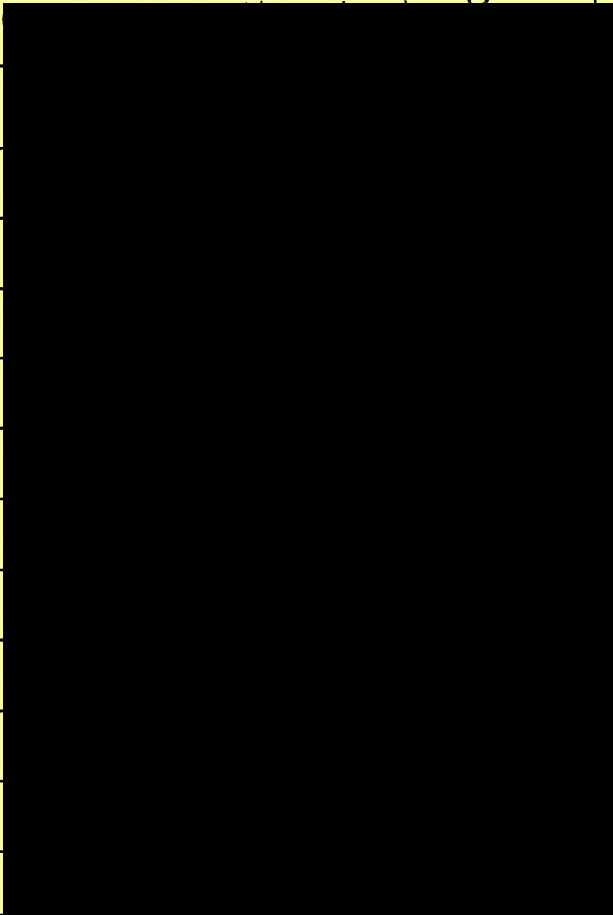
Committee HHS

Hearing Date: 2/19/14

LB/LR # 1007

Page: _____

This form is intended for those present at the public hearing to indicate their support or opposition without publicly testifying. It will appear in the official records of the committee.

Name (please print)	Address	Support	Oppose	Neutral	
Grace Jacobson		X			














Committee HHS

Hearing Date: 2/17/24

LB/LR # 1007

Page: 1

This form is intended for those present at the public hearing to indicate their support or opposition without publicly testifying.
It will appear in the official records of the committee.

Name (please print)	Address	Support	Oppose	Neutral											
Cindy Maxwell-Ostdieff		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
														<input type="checkbox"/>	<input type="checkbox"/>