PUBLIC RECORD			
Oregon State Legislature	NITNESS REGISTR	RATION	~
Committee Name: Send	te thealthCare	2 Human	Services
Public Hearing on:	777	Date: 3]10	113

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(Yes	No	For	Against	Neutral	Yes	No
Anve Murray			X	X			$\boldsymbol{\lambda}$	
Jim Gardner	\sim		\times	X			X	
Tom Burn		1 -	X			X		X
Tom Burn Lovren Sardt	v		×	X			X	
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Committee Services