## **PUBLIC RECORD**

## **WITNESS REGISTRATION**

Oregon State Legislature
Committee Name: Ouse Health Cone

Public Hearing on: HCR 17

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
Paul Schipper	503-494			/	-			
OHSU	7820							
washington	503-							
J Co.	503- 639-			_				
Barbara Ferguson	4324							
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