PUBLIC RECORD

WITNESS REGISTRATION

Dregon	State	Legis	lature

Committee Name:	House 1	tealth	Care

Public Hearing on: H3 2445

Date: 4/1/2013

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
JIM TORREY	541 968-2596	3	X	X			X	
JEFFERY STEWART OHSU			×	×				×
David Ribbs UR School	Based							
OHSV Done Ribbs. OR School Paula Hesker Health Car	e Netwo	NC	X	\nearrow				
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Committee Services							<u></u>	sed 04/0