PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name:	Senak	Health	Care s	Human	Services
Public Hearing on:	SB	506		Date: 4/4	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
Caterina Rosenfeld		V.		1			-	
BOB JOONDEPH DRO KEVIN M'(HESNEY,					$\sqrt{}$			/
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Sen. Close								
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