PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

Committee Name:	Sena	te Health	Care &	Hun	an	S	RUICE	5
Public Hearing on:				Date:_				

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
Doug AUKERMAN			×	X				X
Barry Orodis			X	X			X	
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