**PUBLIC RECORD** 

**WITNESS REGISTRATION** 

Committee Name:	 Health	Care El	Human	Services

Public Hearing on: SB 823

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
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1	Linda Hammond								5 16
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	Kevin 11 husney				X				
	Cindy Becker				X				
	Chris Bonnet				X				
	Cheryl Ramirez				X				
	Jim La ce				X			-	
	TORREDAVID HIDALGO Committee Services				×				
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TERREIL SCHWARTZ Susan Salkield -Dr. ASIT JETMALANI-OHSU

Oregon State Legislature

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Public Hearing on:

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PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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