**PUBLIC RECORD** Oregon State Legislature

## WITNESS REGISTRATION

Committee Name:	House	Health	Care	
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Public Hearing on:  $SB \setminus OTA$  Date: 4/22/30/3

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
Samie Patriode			V	V			<b></b>	
Holly Mercer			V-	V			L	
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