WITNESS REGISTRATION

Oregon State Legislature Committee Name: Nouse New th Care

Public Hearing on: HB 2020

PUBLIC RECORD

Date: 4/10/2013

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
representative nat	hawe	3~						
lanet avenz								
sandy booyle								
stacy blumberg								
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renee deras								
JOSH BALLOCH								
Jon Eames								
	Organization or County of Residence PLEASE PRINT LEGIBLY representative nat fanct avenz Sandy bayle stacy blumberg ta grey renee deras Josh BALLOCH Jon Eamos	Organization or County of Residence PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY Phone # (Optional) PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY September 2 Sandy bayle Sandy bayle	Organization or County of Residence PLEASE PRINT LEGIBLY Phone # (Optional) Yes representative nathanaan fanct avenz Sandy brzyle Stacy blumberg ta grey Yenee deras Josh BALLOCH Jon Eames	and Organization or County of Residence Phone # (Optional) from this meeting (Optional) PLEASE PRINT LEGIBLY No representative nath queen No famet avenz No sandy boay No	Organization of County of Residence PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY PLEASE PRINT LEGIBLY Ves No For No	and Organization or County of Residence Phone # (Optional) months meeting (Optional) Postduring PLEASE PRINT LEGIBLY No For Against representation of County of Residence No For Against ight of Residence No For Against ight of Residence No For Against ight of Residence No Ight of Residence Ight of Residence ight of Residence Ight of Residence Ight of Residence Ight of Residence ight of Residence Ight of Residence Ight of Residence Ight of Residence ight of Residence Ight of Residence Ight of Residence Ight of Residence ight of Residence Ight of Residence Ight of Residence Ight of Residence ight of Residence Ight of Residence Ight of Residence Ight of Residence ight of Residence Ight of Residence Ight of Residence Ight of Residence ight	and Organization or Country of Residence PLEASE PRINT LEGIBLY Phone # (Optional) from this meeting (Optional) Postului representation of Country of Residence PLEASE PRINT LEGIBLY No For Against Neutral representation of Country of Residence PLEASE PRINT LEGIBLY No For Against Neutral representation of Country of Residence PLEASE PRINT LEGIBLY No For Against Neutral representation of Country of Residence PLEASE PRINT LEGIBLY No For Against Neutral representation of Country of Residence PLEASE PRINT LEGIBLY No For Against Neutral representation of Country of Residence PLEASE PRINT LEGIBLY No For Against Neutral for effort automation of Country of Residence PLEASE PRINT LEGIBLY No No No No for effort automation of Country of Residence PLEASE PRINT LEGIBLY No No No No standard automation of Country	and Organization or County of Residence Phone # (Optional) from this meeting location? production with testin PLEASE PRINT LEGIBLY No Fer Against No Fer Against Vestor Ves No Fer Against No Fer Against No Fer Vestor No Fer Against No Fer Against Vestor Vestor No Fer Against No Fer Against Vestor Vestor Against No Fer Against No Fer Vestor Against No Fer Against Festor Image: Age of the state of the s