PUBLIC RECORD	WITNESS REGISTRAT	ION
Oregon State Legislature Committee Name:	ate Health Care	2 Human Services
Public Hearing on: HR	2082	Date: 4 22/13

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
Caleb Hayes, NASW			X	4			ĵ.	×
Martin Pittioni Rathy Outland								
Kothy Outland								

Committee Services