PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature	WITNESS RI	EGISTRATIO	ON	
Committee Name:	ate Heal	th Care	SIHuman	Services
			4 5	

Public Hearing on: _____ Date:

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

PLEASE PRINT LEGIBLY Yes No For Against Neutral Yes No	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				For	Against	Neutral	Yes	No
	GARY SCHNABEL			X	X				X
	a a								
	2					8			
	•/								
						Ж			
								· ·	
			a						