## **PUBLIC RECORD**

## Oregon State Legislature

## **WITNESS REGISTRATION**

Committee Name: House Health Come	
Public Hearing on: SB 753	Date: 5-6-20/3
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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
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Committee Services							Revise	l ed 04/04