regon State Legislature WITNESS REGISTRATION

Committee Services

| Diadoii Orara Fadia | natur 0 | - 111 | |
|---------------------|-------------------|----------|------------|
| Committee Name:_ | Senate Health Cal | Re & Hum | an dervice |
| | | Date: 5 | |

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 |
| Northwest Fermanute Cover Dayton | | | V | | _ | J | / | |
| Gwen Dayton | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | J. | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Revised 04/04