PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	JW	MED		
Public Hearing on:_	SB	816	Date:_	6-24-2013
Please register if you wish	to testify on th	ne above named measure/iss	Please I	print leaibly.

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
Bill Cross		3	/	$\sqrt{}$				/
Phil Donovan			V					
Bongess			V	V				
Dan Jarman			V	V	/			
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