PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: #B 2522

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
VERN SABOR 2	31-4528		P	X			X	
Leo Cy Trynbaum	541 228 6427		X		×			X
2 ML ROGONS BNMAN	541 957 3076		X		λ			Y
Dan Roth m.	503 798.7674		×		×			×
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