PUBLIC RECORD

Oregon State Legislature

WITNESS REGISTRATION

Committee Name:	House Health	Care
Public Hearing on: \	LB 2740	Date: 3/01/2013

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?	
		1 1	Yes	No	For	Against	Neutral	Yes	No
GARY SCH Enica Hendricks for	NA BEL.	503 990 2356		V	V				
- Enica Hendricks for	Rep Gelser	Please of	كمعه		/				~