PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name: House Health Ce	are
Public Hearing on: NB 3994	Date: 3/01/8,013
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
Des VERN SAbae + GARY Schultz Laura Volcheff, SPT Johnny Galvert			X		X		X	
Laura Volcheff, SPT			Χ		X		X	
Johnny Calvert			f					
Committee Services							Reviso	d 04/04