PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	House Health Care	

Public Hearing on: 148 2858 Date: 3/// みゎィ3

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 #	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
DOUG BARBER			V	V			~	
GLENN RODRIGHEZIM OREON ACADEMY OF CAMILY PHYS			V					
LISA DODSON, MO			V	V			100	3
SOB DUEHMIG								
PAIGE HATCHER MD								
SARAH WILLIAMS MID	1	1	~	~				
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