## WITNESS REGISTRATION

Committee Name: Service Health Care

Public Hearing on: 5B 281

Date: 2-2-2015

PUBLIC RECORD

**Oregon State Legislature** 

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
ANNE WALSH		5	$\searrow$	$\checkmark$				
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Committee Services

Revised 04/04