WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

	to testify on the above named measure/issue.	Please print legibly.	
Public Hearing on:_	SB 302	Date: 2/2/2015	
Committee Name:_	Senate Health Car	re	

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
ALEC SHEBIEL ODHA (lobbyist)			X	X			X	
		_						
Committee Services							Revis	ed 04/04