Public Hearing on: <u>HB 50 2</u> Intel Dev Dr Please register if you wish to testify on the above	<i>7</i>	ıre/issue.			2-1 print			
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
Ross Ryan				1			X	
Leslie Sutton				×			X	
Katie Rose				X				
SRUTH Geislinger				× ×				
Carrie Buck		X		X				
Paul Partridge			¢	×				
NORTH SISK				X				
Emily BraMan				4	c			
Mike Oliver				Х				
Justin Connolly				X				

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Committee Name: JWMH	9							
Public Hearing on: MB 50	26		[Date:	2-10	ィース	013	
Please register if you wish to testify on the above		He liesue	Dla	aco n	rint	loaih	h <i>z</i>	
Please register if you wish to testify on the above	named measu			ase p		cyibi		
Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?			Are you submitting written testimony?			
PLEASE PRINT LEGIBLY	(-F)	Yes	No	For	Against	Neutral	Yes	No
Carmen Corbin, Multich	-		\times	X				X
Timothy Drowne, of sm Mi	l ttch,		X	X				X
Mohammad Bodor Muctel	,		X	Х			Ł	
Chris Blernett. Org Rehabilitation Asso		¢.	\bigvee		/			
Maren Gibson DSP, Partiers sor Conjenty			\mathcal{V}	L	/			
Dessica Leitner Bo-Edwards Confer								
Brian Lewis			· · /	~				X
MAH OFSER			and a second sec				-	×
-Ralph Groener			·⁄	V			X	
Judith Voss (Lane)			\checkmark					K
Committee Services	1			<u> </u>		<u> </u>	Revise	l ed 04/04

PUBLIC RECORD Oregon State Legislature Committee Name: <u>JWMH</u>	ESS REG	ISTR	ATIO	N			2	>
Public Hearing on: HB 507	26			Date:	2-19	アス(215	letina.
Please register if you wish to testify on the above		re/issue.	<u>Plea</u>	ase p	orint l	legib	<u>ly.</u>	
Name and Organization <u>or</u> County of Residence	Phone #	Do you live more than 100 miles from this meeting		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(Optional)		tion? No	For	Against	Neutral	Yes	No
Eva Rippeteau								
Raph Greener						, ,		
phath Osser								
Stander Shaun Notdurft			X					\times
RUCTT SIMMON								¥**
Emily Braman			X				X	
-Camile Foskett						ş	X	
Ruth Geislinger			X				X	
Katie Pose		S.	X				X	
					;			
Committee Services	<u>L</u>	L	1	I		1	Revise	ed 04/0

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WITNESS REGISTRATION

Committee Name: JWMHS

PUBLIC RECORD Oregon State Legislature

Public Hearing on: HB 5026 Aging + People

Date: 2-19-2015

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	e Phone # (Optional)	Do you live more than 100 miles from this meeting location?			Are you submitting written testimony?			
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
- Jon Bautholomew, or seniors people of Disab	r t ilities		\times				X	
Stephanie Barnett-Herro, DR Care Partners			\times	¢.			X	
Phil Bentley, OR Health Care Associati	ur						λ	
Melissa Ungar, SENU		, je je se	K				X	
Vamessa Privall, Monta		X		An Para (na ang ng n			Ż	=#
Carmen Moyaral Moralis			X					×
Judi Richards	0		X				\times	
John Mullin Oragon Lucu Center			X	244				X
	4					8		
Committee Services						I	Revise	 ed 04/0-

WITNESS REGISTRATION

Committee Name: <u>SWMHS</u>

Public Hearing on: <u>HB 5026</u> Date: <u>2-19-2015</u> Aquing H Prople Please register if you wish to testify on the above named measure/issue. <u>Please print legibly.</u>

PUBLIC RECORD 2

Oregon State Legislature

Do you live more Are you Name submitting than 100 miles Position and written from this Phone # Organization or County of Residence meeting testimony? (Optional) location? Against Yes No Yes No For Neutral PLEASE PRINT LEGIBLY 6 ·Grant Rentuo

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Oregon State Legislature WITN	ESS REG	ISTR	ATIO	N		,		
Committee Name: <u>JWM-H</u>	S							
Public Hearing on: <u>HB503</u> Noc Rehab	6		[Date:	2-10	1-20)15	
Voc Rehab			Dla		rint	logih	. ,	
Please register if you wish to testify on the above	named measu	ire/issue.	<u>Pied</u>	ase p		eyibi	<u>y</u> .	
Name		Do you live more than 100 miles			D 11		Are you submitting	
and Organization <u>or</u> County of Residence	Phone #	from this meeting		,	Position		written testimony?	
PLEASE PRINT LEGIBLY	(Optional)	loca Yes	tion? No	For	Against	Neutral	Yes	No
- Allison Faucher Dirkse Gunseling & Consulting Portland DR	971-801		\sim				\checkmark	
Dirkse Gunseling & Consulting	-4062		0					
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