Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	JWMHS	
Public Hearing on:_		Date: 3-3-2015
Please register if you wish t	Self Sufficiency To testify on the above named measure/issue	Please print legibly

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	than 10 from mee	ive more 00 miles 1 this eting tion?		Position		subm writ	you litting tten nony?
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Patti Whitney-Wise			+	X			X	
Sybil Hebb				X			X	
Michele Poland-Schwartz			χ	·X			X	
Marie Hill SEIU L503			X	X			X	
Heather Conroll SEIN LOCAL 503			×	X			X	
Phillip Kennedy- Word				X				X
Elizabeth Cushwa Children First			/	/			4"	/
Janet Baner	50/0V		\ \	V				~
	Tay.							
Committee Services							Revise	d 04/04

PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

Committee Name:	JWMHS

Public Hearing on: HB 5026 Child Welfare

Date:

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
Herri Stepisnik SEIU 1503			X	X			X	
Sybil Hebb			X	<			X	
Erin Henkelman			X	X				X
Layre Downing		z.	. X	X				X

PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

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Committee Name:_	JW	MH>	

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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
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Committee Services

Revised 04/04

Committee Services

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PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
John Mullin								X
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Revised 04/04