WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:_	Sen	ate	Health	Care		
Public Hearing on:_	SB	121			Date: 3/9/2015	

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	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
Linda Hall	581 938 8242	X		X				人
Lewis Key	591 438 8242	4		1				L
Orrin Lyon	541 978 5336	X		X				X
DAVE LELAND OR HEALTH AUTHORITY			×			×	×	
Unutilla County Commissioner		X		×				X
ERIN DOYLE LEAGUE OF OREGION CITIES			X	X				X
ommittee Services							Revis	sed 04/0