WITNESS REGISTRATION



Committee Name:	Schate	Health Care	

Public Hearing on: SB 663 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?			Are you submitting written testimony?			
PLEASE PRINT LEGIBLY		Yes No		For	Against	Neutral	Yes	No
Kevin Campbell 3 E-stern Or. CCD								
Pat Leudtke Lone County								
Zeke Smith 6								
Carlos Crespo OHPB				V				
Lillion Shinley				/				
Tammy Baney								
Stacy Michaelson			7	X				
Charlic Fautin CLHO						\	X	
Morgan Cowling CLHO							X	
Morgan Cowling CLHO Tricia Tillman								

Committee Services

Marni Kuyl

Revised 04/04

WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:_	Sengte	Health	Care	
Public Hearing on:_	SB C6	3		_ Date: $\frac{3}{9}/15$

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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	(op.on.,	Yes	No	For	Against	Neutral	Yes	No
			X					
Eva Rippetean Aguil Gary Oxman			7	7				8