WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:_	Senate		Health	Care					
Public Hearing on:	SB	38			Date: 3/11/15				
Please register if you wish	to testify	y on the a	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
John Mullin Human Servicer Coallton								
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