	W	TITNESS REGISTR	ATION	PUBLIC RECORD		
Committee Name:_	House	Committee on	Health	Oregon State Legislature		
Public Hearing on:				03-13-2015		

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
	(CLACKAME COUNTY) JOSEPH LOWE	503,329 3881		\times	\times			X	
1	tean late PT Partnerships In Community	503-93). 9597		χ	Χ				χ
-	Partnerships In Community Robert H. Pung Sr. Elders in Action Gresham, OR	503-758- 7424		\times	\checkmark			X	
1	Bob Soond-ph, Ex. DRO Director	-			\checkmark				
	John Mullin								
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Committee Services