WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:_	Senate Health C		Care					
Public Hearing on:_	513 69	8		Date: 3/18/15-				

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	(Optional)	Yes No		For	Against	Neutral	Yes	No
Λ	Chantria Bakke	4973~		K	K				
and	LAGIRIE WIMMER, OEA	5039013388	×		×			x Electro	icall 3
	LAGIRIE WIMMER, OEA								
	MARGO LALICH	503- 712-212	5	×	X			Х	
_	Jenn BAKER, O Nina Fekaris, O	NA SNA			\gg				
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Committee Services

Revised 04/04