PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION



Committee Name: JWMHS

Public Hearing on: 58 5526 Date: 3-25-2015

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	(op.ioi.a.)	Yes	No	For	Against	Neutral	Yes	No
	Tamara SalE		/						
AL	LINDA RIWGO	503 856.9399							V
V	Michael Haines BEST CARE		1						
	- Rick TRELEAVEN		/					\checkmark	
B	Royce Bowlin DEPANL MARTE WALKER			\checkmark			9	\checkmark	
V	MARTE WALKER	*		\					
V	Chemyl Ramitez, ADOMHP			V				V	
C	Karla Mc Cafferty, Options of		V						
V	David Geels, Coos County MH		/						-
gette	Patrick Garrett, Sherift, Washington Cty		-	V					
D)	Committee Services							Revised	d 04/04

Committee Services
Kristin Burke, Washington Cty
BH

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			Yes	No	For	Against	Neutral	Yes	No
D	Stacy Michaelson, Acc			V				1	
Jan .	Kich Blum	541		X	1			X	
[Trillian Family Services	4040		0	0			0	
1	Lauren ConnyMartingert Mouth MO.V.E. Oregan	Y	/		V				/
V	Chris Bouneff NAMI Oregon			X	×)	
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	Megan Stones Trillium Family Services			/	√			V	
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Committee Services

Revised 04/04

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PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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Committee Services							Revise	ed 04/04