PUBLIC RECORD Oregon State Legislature

WITNESS REGISTRATION

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Committee Name:_	House	Committee	ON -	Health Care	
Public Hearing on:_	HB	3149		Date: 04/08/2015	
Please register if you wish t	to testify on th	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	Соринину	Yes	No	For	Against	Neutral	Yes	No
Rep. Mchane							L	-
Jodi Kerr								
a a								
Committee Services							Revis	