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WITNESS REGISTRATION

Committee Name: House	Committee on 1						
Public Hearing on: 5B 9()2	Date:(05/18/2015				
Please register if you wish to testify on the above-named measure/issue. Please print legibly.							
Name	Organization or County of	Check if you live more	Position on Measure				

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		this meeting.	For	Against	Neutral
Ykwreen Hinman	oregon School Based Health Alliance GSBHA		X		
Maureen Hinman Doug Riggs Jeremian Rigsby			X		
Jeremian Rigsby	CareOregon		X		