WITNESS REGISTRATION

Committee Name: Joint Commit	Hee Br	r Ways and N	Teans S	Subcommittee	on Human Services
	-				

Public Hearing on: SB 5503 Date: 2-11-2019

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Kim Castro								1
Joshua Bowen								X
Janes Edwards								X
Carroe Muth								^
Marja Byers								X
Emma McCready								X
Jonathan Simeone			g.					X
Beverly Scott		-						X
Juan Mindoza	-							×
Rhanda Smith								X

Committee Services

Revised 04/04

PUBLIC RECORD

Oregon State Legislature **WITNESS REGISTRATION**

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Committee Name: 1	out Committee	on Ways + Means S	ubcommittee on
			HumanServices
Public Hearing on:	SB 5503	Date:	2-11-2019

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	()	Yes	No	For	Against	Neutral	Yes	No
Char Hawkins		*		X				X
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	-			15		×		
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Committee Services