

**PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.**

**WITNESS REGISTRATION**

Committee Name: Senate Committee on Human Services

Public Hearing on: SB 491 Date: 2/12/19

Please register if you wish to testify on the above-named measure/issue. Please print legibly.

| Name<br><i>PRINT LEGIBLY</i> | Organization or County of Residence  | Check if you live more than 100 miles from this meeting. | Position on Measure |         |         |
|------------------------------|--------------------------------------|--|---------------------|---------|---------|
|                              |                                      |  | For                 | Against | Neutral |
| Ruth Mairus ✓                | Springfield, OR                      |  | ✓                   |         |         |
| Ross Ryan ✓                  | Oregon Self Advocacy Coalition       |  | ✓                   |         |         |
| Kathryn West ✓               | Eugene, OR                           |  | ✓                   |         |         |
| Leslie Sutton ✓              | Oregon Council on Dev. Disabilities  |  | ✓                   |         |         |
| Laura Noppenberger ✓         | E. Oregon Support Services Brokerage |  | ✓                   |         |         |
| Diane Lai ✓                  | Oregon Community Foundation          |  | ✓                   |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |
|                              |                                      |  |                     |         |         |