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WITNESS REGISTRATION

Committee Name:	Hous	e	Health	Care	
Public Hearing on:	5B	9	A		Date: 04/16/2019

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

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Laurie Sletten	Polk		X		
Michelle Grove ANP	Washington		X		
CHARLES FOURNIER	TIOF LANE		X		
Lorinda Anderson	OSU COP, Benton		X		
Katy Deluca	marion		X		
Jessica Adamson	Providence		X		
Bill Cross	OSPA OSHP		×		
R'eid Bumorot tassie Buma	at Portland, WA County		×		