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	WITNESS REGISTRATION	N .					
Committee Name: SEN/	ATE MENTAL	HEA	LTH				
Informational Meeting on: S	> 1553	Date	: 7/3/2020				
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	Position on Measure				

PRINT LEGIBLY	Residence	live more than 100 miles from this meeting.	1 osition on measure		
			For	Against	Neutral
HEATHER JEFFERIS	OREGON COMBCIL FOR BEHAVIRAL HEALTH		X		
HEATHER SEFFERIS Steve Allen	OHA				X