

Committee Name: House Human Services & Hsg

Public Hearing on: HB 2013 Date: 3/11/13

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

MEASURE: _____
 EXHIBIT: 13
 HOUSE HUMAN SERVICES & HOUSING
 DATE: _____ PAGES: _____
 SUBMITTED BY: _____

Name and Organization or County of Residence <small>PLEASE PRINT LEGIBLY</small>	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			A s s e s s m e n t	
		Yes	No	For	Against	Neutral	Yes	No
✓ Sue Miner OR Assoc of Relief Agencies			X	X				
✓ Janet Carlson Janet Carlson Mandatory Commission								
Steve Schenewerk		X					X	
✓ Tootie Smith Clackamas Co.			X					
✓ Cindy Beckie Clackamas Co.			X					
✓ Joanne Fuller			X					
Doubt Ribbes Doubt Ribbes Children & Families			X	X				X
✓ Bobbie Water Oregon State University			X	X			X	
✓ Martha Brooks			X	X			X	
✓ Jim Tierney			X	X				X

Committee Services Duke Shepard
 Governor's Office

PUBLIC RECORD

5

Oregon State Legislature

WITNESS REGISTRATION

Committee Name: _____

House Human Services & Housing

Public Hearing on: _____

HB 2013

Date: _____

3/11/13

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

Please print legibly.

Name and Organization or 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
<input checked="" type="checkbox"/> <i>Kim Winter</i> <i>Northwest Regional ESD</i>	<i>503 349 2553</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> <i>Debbie King</i> <i>Willamette ESD</i>	<i>503-435 5941</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<i>Deschutes County Commission</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<i>TAMMY BANEY</i>								
<i>Lynn Lundquist</i>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
<i>George Brown</i>								
<i>Jessica Anderson</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>written testimony</i>
<i>CLS</i>								
<input checked="" type="checkbox"/> <i>RYAN FISHER</i> <i>CAPD</i>							<input checked="" type="checkbox"/>	
<i>TO Next Local</i> <input checked="" type="checkbox"/> <i>Stacy Michaelson</i> <i>SEIU</i>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> <i>Eva Rippeteau</i> <i>503-901-1431</i> <i>AFSCM eva@oregonafscm.com</i>							<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> <i>Pam Curtis</i> <i>Chair ELC</i>							<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> <i>Dr. Bobbie Weber</i> <i>ASU & Early Learning Council</i>							<input checked="" type="checkbox"/>	

PUBLIC RECORD

Oregon State Legislature

WITNESS REGISTRATION

3

Committee Name: House Human Services & Housing

Public Hearing on: HB 2013 Date: 3/11/13

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

Name and Organization or 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
✓ Bill THOMAS WASHINGTON County DHS	502-570-1665		X	Y				