

PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

Committee Name: _____

House Health Care

Public Hearing on: HB 3403

Date: 4/15/2013

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
Nancy Becker	503-472-2484		✓	✓			✓	
Archana Thapa-Campbell	503-930-4613		✓	✓			✓	
Kassandra Griffin			✓	✓			✓	
Randy Houth ELECTED CHAIRPERSON (ENABM)			✓		✓		✓	
ART STEVENSON	503-585-4318		✓		✓			✓
Lewanda Miranda	541-447-8613	✓			✓			✓
Oscar Miranda	541-447-8613	✓	✓		✓			✓
Tshn Powell, how Lebertis Dan Lind NW Automatic Vending Association					✓			
VANCE Hodale	503-807-3049		X		✓		✓	
Linda Huseman Virtual Administrative & Advocacy Services LAC			X		✓			

Oregon State Legislature WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: HB 3403 Date: 4/5/2013

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		Yes	No	For	Against	Neutral	Yes	No
Rob Douglas			X		X			X