

PUBLIC RECORD

Oregon State Legislature

WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: SB109 Date: 4/22/2023

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
<u>ANNE WALSH</u>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	