

PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

Committee Name: House Health Care

Public Hearing on: HJM 14 Date: 4/12/2013

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 |
| JIM HOUSER | | | ✓ | ✓ | | | ✓ | |
| DARLENE HUNTRESS | | | ✓ | ✓ | | | ✓ | |
| RON WILLIAMS | | | ✓ | ✓ | | | ✓ | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |