

PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name: JWMHS

Public Hearing on: SB ~~436~~ 436 Date: 5-6-2013

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
Paula Hester Oregon School Based Health Center Network				X				
Doug Riggs Washington County CCF				X				
Ann Smith ASSOCIATE OF COMMUNITY HEALTH PROGRAMS				X				