

# PUBLIC RECORD

Oregon State Legislature

## WITNESS REGISTRATION

Committee Name: Senate HealthCare & Human Services

Public Hearing on: HB 2020A Date: 5/7/13

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

Name and Organization or County of Residence <b>PLEASE PRINT LEGIBLY</b>	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>Rep Nathanson</u>								
<u>Janet Arenz</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<u>Stacy Blumberg</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<u>Tia Stechler</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<u>Janet Meyer</u> <u>Health Share of Oregon</u>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<u>SOSM BALLOCH</u> <sup>COMO</sup>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
<u>Rose Engler +</u>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>