

PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name: Senate Health Care & Human Services

Public Hearing on: SB 450 Date: 3/21/13

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

Sen Steiner Hayward on phone

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
<i>Donna Staines - DHS Child Welfare</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
<i>WAYNE GROSS DHS - Self-Sufficiency PGMs</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<i>Alison McIntosh Human Services Coalition of Oregon</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
<i>Elizabeth Washington Impact NW</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<i>John Mullin Oregon Law Center</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<i>Kerri Stepisnik DHS - Child Welfare</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
<i>Lynne Saxton Youth Villages</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<i>Eva Rippeteau AFSCME</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
<i>Cindy Booth-Doz</i>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
<i>Jeanne Fall</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

Committee Services

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 SUBMITTED BY: Staff