

# PUBLIC RECORD

## Oregon State Legislature **WITNESS REGISTRATION**

Committee Name: House Health Care

Public Hearing on: SCB 1 Date: 3/11/2013

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
Jen Bartholomew Alzheimer's Assn			✓	✓			did	
Manja Kain Jackson Co		✓		✓				