

PUBLIC RECORD

Oregon State Legislature

WITNESS REGISTRATION

Handwritten initials/signature

Committee Name: HOUSE BUSINESS AND LABOR

Public Hearing on: HB 3436 Date: MARCH 15, 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
Jerry Cohen, AARP				X				
① Bill Packus, AWPPW			✓	X			✓	
① Norma Mullen, Urban League				✓				
Lyla Overton				✓				
Phyllis Willis, SEIU				X				
Jose Gonzalez, MSA				X				
Deb Fields, MSA				X				
Andrea Palusa, Family Forward				X				
Dianna Bartlett, Family Forward				X				
(Matt Minahan Soen Anderson Matt Benjamin			✓		X			

Committee Services

Revised 04/04

DAVID SZATKE

X

JL Wilson - 401
Tom Simpson - The Standard

X

X

X

PUBLIC RECORD

Oregon State Legislature

WITNESS REGISTRATION

Page 2

Committee Name: _____

Public Hearing on: HB 3436 Date: _____

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
<i>John Mangan</i>	<i>503 701-7503</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Ned Taylor</i>	<i>503-309 0156</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>JAN MEEKCOMS NFIB</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>