WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:_	House Health Ca	ne
Public Hearing on:	HB 4074	Date: 2/5/2014

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

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Pathy O'Sullivan OaHHS ED CONLOW-OBALL			*	*			1	
ED CONCOW-OBAIL			Y	X				1
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