

WITNESS REGISTRATION

Committee Name: House Committee on Health Care

Public Hearing on: HB 3230 Date: 03/30/2015

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 |
| Rep. Joe Gallegos House District 30 | | | | | | | | |
| Justin Hopkins Addictions and Mental Health | | | | | | | | |
| Bob Joondeph Disability Rights Oregon | | | | | | | | |
| Kevin McChesney Oregon Residential Providers Association | | | | | | | | |
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