

# WITNESS REGISTRATION

**PUBLIC RECORD**  
Oregon State Legislature

Committee Name: House Committee on Health Care

Public Hearing on: HB 3132 Date: 04/03/2015

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

| Name and Organization or County of Residence<br><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 |
| Cheryl Ramirez                                                              |                    |                                                             | X  | X        |         |         |                                       | X  |
| Mark Campbell                                                               |                    |                                                             |    | X        |         |         | X                                     |    |
| Chris Fick                                                                  |                    |                                                             |    | X        |         |         |                                       | X  |
| KEN HELM                                                                    |                    |                                                             |    | X        |         |         |                                       |    |
|                                                                             |                    |                                                             |    |          |         |         |                                       |    |
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