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WITNESS REGISTRATION

Committee Name: Senate Health Care

Public Hearing on: HB 2023A Date: 5/18/15

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

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Jessica Adams	Providence		X		
Jennifer Pepin	Mult. County		X		
Julie Meyers	NAMI *last to testify please.		X		
Patty O'	OAHHS		X		
Chris Bonnett	NAMI Oregon		X		
Cheryl Ramke	AOCMHP		X		