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WITNESS REGISTRATION

Committee Name: Human Services & Housing

Public Hearing on: HB 2011 Date: 3/16/17

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
GABRIELA ADOLFAR	OREGON HEALTH AUTHORITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RYAN FISHER	MULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tina Kotck	HD44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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