WITNESS REGISTRATION Oregon State Legislature
Committee Name: _____ Public Hearing on: Date: 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
LEGK, ELKOD WEST COAST MHOP CLACKAMAS CTY		-10	7	€3 3	X		1	X
Patti Whitney-Wise (after DHS)			X	X				X
MARCIA KELLEY AAVW			X	X				χ
Liesel Wendt, DHS Xochith Esparza, DHS								
XOCHITE CSfarza DAS								