PUBLIC RECORD Oregon State Legislature

WITNESS REGISTRATION

Committee Name: House Hoher Edu + Wornfrace Dol	pmont
V	s a5 13

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)	IIICCUIIG		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Jossica Adamson NW CCF John Wykoff, OCCA South Huff, PCC			X		χ	_	X	
John Wykoff, OCCA South Huff, PCC			×	X				\
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