WITNESS REGISTRATION

Ure (gon	State	Legis	slature
	5000 September 1		4000	

Committee Name:

Public Hearing on:

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
Kerin Campbell OACP			/					5
John Tengue OACP			/	V				~
DARRELL FALLER Steve Winegar DPSST	2		7	4				L
Darrell Fuller			1	/				
Gran MEYER				~				
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