WITNESS REGISTRATION

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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 #	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
Lon Ann Bird				X			X	
Brian Comnos		×		X			X	
4								
								×

WITNESS REGISTRATION

AGAINST #1

Oregon State Legislature
Committee Name:

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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
	Dr. Store Strauss					X		X	
5	Martin Richards Farm Brienen		X			X		X	
	Barry Bushue								
1	Scott Dohlman					X		X	
7	Roger Bezer	-				X			
	Jana Jarres Or. Wheat	24				X		y	
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	1								