PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature Committee Name: Touse Consumer Protection and Government Efficiency

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
16977 Hill			X	X			~	×
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Jim Gardnessoo FTD Tel Hora, Firm	×2.		\times				X	
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Committee Services							Revise	