PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature 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 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
Ceara CAMPBELL			1	Y				×
Doris Penwell			X	×				X
Fep Carea Smith	1		X	X				
Varner Seaman			X	X				×
Lori Koho			Χ			Х	X	
				Q.				