PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature
Committee Name:

Public Hearing on: X

Date:

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	- 1	Yes	No	For	Against	Neutral	Yes	No
CARL MYERS OFFA			×	X				
		P	×	X				
DAVID FACTOR POUS Cheryl Stone Engene			X	X			X	
Amy Joyce opotlomi			X			X	X	
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Committee Corriers	р-р							ed 04/04