## PUBLIC RECORD Oregon State Legislature WITNESS

## WITNESS REGISTRATION

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Committee Name:\_

Public Hearing on: <u>Semante</u>

\_ Date: May

13

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

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	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
)	Elizabeth Cushwar Bold			V	1				/
	Committee Services							Revise	d 04/04