## **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
Sen. Monnes - Anderson	T .		X	X		14		X
Rep. Gorsek			X	X			X	
×								
Committee Services							Revis	ed 04/04