## WITNESS REGISTRATION

**Oregon State Legislature** 

Committee Name:	SECP	0.090	3.0.00

Date:  $\frac{5/22//3}{}$ 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	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		V	No	For	Against	Neutral	Yes	No
Real Estate Agency  RON BALASH	503 378463	0	X	X			X	
RON BALASH OWCAM	503 222- 7073		X	X				X
OWCAM CHICK SheketoCP	5075631		X	anad			X	
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Committee Services							100000000	ed 04/04