PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION Committee Name: Sena-

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	` ' '	Yes	No	For	Against	Neutral	Yes	No
David Gerstenfeld Employment Dept.				×			χ	
Employment Dept.							1	
J.L. WILSON - AD)			/					
Sybre Hebb center								/
Committee Services							Revise	1.04/0