PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature Committee Name:_

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. ພlic Hearing on:	HJM		Date:	1	MAR	15
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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
Lori Sattensprel				/				/
Joy St Leter Joys of Living ass	istanıl	Mozs						
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