**WITNESS REGISTRATION** 

Oregon State Legisli Committee Name:_	ature San Finance	= + REVENUE	
Public Hearing on:_		Date: <u>6-/0-/3</u>	_

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
JUSTIN MARTIN	:	:	1					Simmer Market
JUSTIN MARTIN OR SMALL SCHOOLS ASSOC.								
				1				

Committee Services

Revised 04/04