**WITNESS REGISTRATION** 

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Committee Name:	Nouse	Committee	on	Education
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. uplic Hearing on:	NB 32	.3/	Date:_	3/15/13

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
RON FLDAMS	503- 636- 8444		45m X		X		X	
Duke Shyand			Y	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Y
Tris Bell			X	X			X	
"latt Morton			X	X				
Jay Dixor			X	X				
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Committee Services

MEASURE: #B 323 EXHIBIT: 11
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