WITNESS REGISTRATION Oregon State Legislature Committee Name: Public Hearing on:_

Please register if you wish to testify on the above named measure/issue. Please print legibly.

PUBLIC RECORD

Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
CRAIG CAMPBELL								
Russ Spencer			X	×			X	
Tom Burns/0HA			Y			Y		X
Jom Burns/0HA Bill Cross			/		X		X	Jan
Pep. Conger			/					
	è							
							Revise	