PUBLIC RECORD WITNESS REGISTRATION Oregon State Legislature Committee Name: HOUSE 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 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
ERIN DOYLE CLERGUE OF OREGON CIMES Peggy Woolsey		• .	X					X
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