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 or 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
Larry Conner CUPACT Wendy Curtis COPACT			V				V	
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