WITNESS REGISTRATION

Oregon State Legislature Committee Name:

PUBLIC RECORD

Public Hearing on:_

Date:

11 cm

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
Bucketabby			¥	2	×			
ALING DUNCAN,			Y	×				×
Ivene gilbert 1		Х			X		X	
Harla thy Felward -			X		X			\checkmark
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