## **WITNESS REGISTRATION**

PUBLIC RECORD
Oregon State Legislature

| Name<br>and<br>Organization <u>or</u> County of Residence<br>PLEASE PRINT LEGIBLY | Phone #<br>(Optional) | Do you live more<br>than 100 miles<br>from this<br>meeting<br>location? |    | Position |         |         | Are you submitting written testimony? |    |
|---|-----------------------|---|----|----------|---------|---------|---------------------------------------|----|
|   |                       | Yes   | No | For      | Against | Neutral | Yes                                   | No |
| Jan Mee Keoms<br>MFIB/written   |                       |   |    | X        |         |         | X                                     |    |
|   |                       |   |    |          |         |         |                                       |    |
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