PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

	witness	REGISTRATION				
Committee Name: _	Joint Coma	ittee Jax Credits				
Public Hearing on:	SB 38039	Date: 4-30-/5				
Please register if you wish to testify on the above-named measure/issue. Please print legibly.						

Name  PRINT LEGIBLY		Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
				For Against		Neutral
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John F	nullin	Oregon Centra to t who Valuy Oregon town to contin				
Marc	ia Kelley	owec			X	
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