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

## Committee Name: Public Hearing on: Date: Date: 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		
		tins meeting.	For	Against	Neutral
Rob Myers	NBAh Central Grant (wallowa E	0/			
Robert Waltenburg	Noth Central Grant (wallowate Wallowa ESD	X	X		
Robert Waltenburg	Grant ESD	X	X		
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Mike Carroll	North Central ESD		/		