PUBLIC RECORD Oregon State Legislature

Committee Services

WITNESS REGISTRATION

Committee Name:	J	WMHS			
Dublic Hearing on:	< 0	(-20	ŭ.	Dato: / 8 2015	

Please register if you wish to testify on the above named measure/issue. Please print legibly.

Revised 04/04

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
JAMES BARTA Children First	4		A	义				X
PETER Sprengelneger OSLC Community Ingrams Rep. Stark		V.		/				/
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