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:           | Senate |  | Committee | 01 | Homan | Services |  |  |
|---------------------------|--------|--|-----------|----|-------|----------|--|--|
| Public Hearing on:        |        |  |           |    |       | 1-29-19  |  |  |
| I thank II was and out of |        |  |           |    |       |          |  |  |

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<br>live more<br>than 100<br>miles from<br>this meeting. | Position on Measure |         |         |
|---------------------------|--|--|---------------------|---------|---------|
|                           |  |  | For                 | Against | Neutral |
| Warren Deras              | 5019                                       |  |                     |         | Ampud   |
| Warren Deras Bob Joondeph | Disobelity Rts OR<br>Oregon Public Gradian |  | V                   |         |         |
| Chris Rosin               | Oregon Public Gradien                      |  | V                   |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |
|                           |  |  |                     |         |         |