PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	House	CommiTTEC	ON	Human	Services	and	Nousing	
Public Hearing on:	UR 20	Date: 2/6/2019						

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

Please print legibly.

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
Marilyn Jones, PH	S		×	×				*
								-
Committee Services							Revise	ed 04/0