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: _			
Public Hearing on:	SB	14	Date: 2-11-19
Please register if vou	a wish to te	stify on the above-na	amed 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
Leilani Sabzalian	Uo		/		
Leilani Sabzalian Colt Gill + Romona Holcomb	ODE		X		
			ž.		
				-	
		3			
		1			