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:	57	Date:	3-20-19
Please register if you wish to tes	tify on the above-named measure/iss	ue. <u>Please</u>	print legibly.
Name	Organization or County of	Check if you	Position on Measure

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
Tom Willellan	ODOT	,	X		
				3X	
		5			
				1,	
3		,			
					-
			10		