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WITNESS REGISTRATION

Committee Name: _	House	_ Ju	idia	any						
Public Hearing on:	SB	15	A	3	Date:_	519/19				
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .										
Name		Organ	ization	or County of	Check if you live more	Position on Measure				

Name PRINT LEGIBLY	Residence	live more than 100 miles from this meeting.	Position on Measure		
		tins meeting.	For	Against	Neutral
Cord Bueker, Jr. (Pronounced: Byou-ker)	Oregon Dept. of Education Youth Development Division		X		
(pronounced: Byou-ker)	DIVISION _				