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WITNESS REGISTRATION

Committee Name: HWTR					
	069	Date:	2/11/	202	0_
Please register if you wish to testify	on the above-named measure/issue	e. <u>Please</u>	<u>print</u>	<u>legibly</u>	<u>2</u> .
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
Michael Selvaggio	Central OR Landwat	ch			
Michael Selvaggio Richard Kosesan,	WFL				
chandra Ferrari	Trout Unlimited	d			
Jonathan Manton	OLAWA				