WITNESS REGISTRATION

Oregon State Legislatura

Committee Name: Thuse Education

Public Hearing on: #5 4/

Date: 🛷

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
Pat Budo Providence Child Center David Williams Ed Krankowsk PPS	r		X	X			X	
David Williams							~	
Ed Krankowsk PPS			X	X			1	
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