WITNESS REGISTRATION

Oregon State Legislature

Revised 04/04

Committee Name:	louse	Edi	ucation	2
(A)				

Please register if you wish to testify on the above named measure/issue.

Public Hearing on:_____

Committee Services

4090

Date:

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	(оражил)	Yes	No	For	Against	Neutral	Yes	No
D	Representative Berhava Smith Warn	ev							
25)	Robyn folinson			X	×			X	
	HOD RIVER COUNTY SO			X		X		×	Z
(F	PRICIA SMITH VOSEA			X	8				X
2)	Director, program obe	•••					,		
	barcy miller, ODE								