PUBLIC RECORD

Oregon State Legislature

Public Hearing on:

Committee Name:_

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

Please print legibly.

Date:

Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
BILL MILLER	541 969 2282	X		×			X	
CALL MEYER OCOLA					*			X
SARHGELSER, Diet.16	,			8				
DAVID PETERSON				×				
ANDREW CONNOWY				X				
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