PUBLIC RECORD

Oregon State Legislature

Committee Name: _______

Public Hearing on:

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

Please print legibly.

Name and Organization or 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
MORDAN ALLEN OSBA			X	4			X	
100								