PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

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Committee Name:	SENATE	SEWERA	GOVERNMENT
	And Market Street		

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
Michael Julen			X					X
Chile Sailer			X					X
Drug Both			X		7	7		X
Committee Services							Revis	ed 04/0