**WITNESS REGISTRATION** 

Committee Name: Public Hearing on:

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 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
Patricia Williams								<b>B</b> /
Marion County								
hisa Artin, Beyond			V	V				
- Jett Stone - OAN			V	V				
Jett Stone - OAN - Katie Fast - UFB								
Christy Splitt, occv			<b>/</b>	<b>/</b>				V
							Pavisa	