PUBLIC RECORD

Public Hearing on:_

WITNESS REGISTRATION

Oregon State Legislature
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	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
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