PUBLIC RECORD

WITNESS REGISTRATION

Olegon State Legisla	luie		, a
Committee Name:	House	Alla	wary

Public Hearing on: 748 4094

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
Grey Wills		×		У			X	
David ameshury					X		X	
David ameshury OD aa Rep. Margaret Soherty, Alst. 35								
KATY KING	503 274- 9518		~	V			Electe	الحالد
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Committee Services				<u>.</u>			Revise	d 04/04