PUBLIC RECORD

WITNESS REGISTRATION



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 |
| Mickey Killingsworth | | Y | | | X | | | X |
| Karry Duyck | | II | × | | × | | | × |
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| Mary Kyle McCurdy 1000 Friends of oregon | | | X | o . | Х | | × | |
| Noxanne Ross | | | | | × | | | |
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Committee Services

Revised 04/04