## **WITNESS REGISTRATION**

## **PUBLIC RECORD** Oregon State Legislature

Committee Name:

Public Hearing on:\_

Please register if you wish to testify on the above named measure/issue. Please print legibly.

PLEASE PRINT LEGIBLY Yes No For Against Neutral Yes  Alicia Snyter-Carlon  X  X  X  X  X  X  X  X  X  X  X  X  X	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?	
ROBERTA PENHINGTON X X	PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
	Alicia Snyder-Carlon				X		.*	X	
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