WITNESS REGISTRATION

Oregon State Legislature

Committee Name: House BusiNESS AND

Public Hearing on: 118

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

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
Dane Koznek A ZGC ME			×	×.			X	
They Both			X	X			\times	
CHRISTINE POPOFF ODOC			*			×	×	