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## WITNESS REGISTRATION

Committee Name: $\#SE$ . $REV$ ,					
Public Hearing on:	Date: 3-8-17				
Please register if you wish to testify	on the above-named measure/issue	e. <u>Please</u>	print	legibl	<u>v</u> .
Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Courtney Johnston	Coalition for a healthy OR			X	
Courtney Johnston Stephen Elzinga	Coalition for a healthy OR Secretary of State				with
			,		,