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WITNESS REGISTRATION

Committee Name: _____

Public Hearing on: SB 645 Date: 3/8

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

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Henry Porter	Self		✓		
Amy Joyce	ODOT				✓
DOVE HUNNICUTT			✓		