WITNESS REGISTRATION

Committee Name:_	HREV	
.²ublic Hearing on:_	HB 2205	Date: 2/4/2011
Please register if you wish	to testify on the above named measure/issue.	Please print legibly.

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	(opaional)	Yes	No	For	Against	Neutral	Yes	No
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MICHAEL SELVAGGIO GWEN GRIPPITH	503 378 4329		×	X			x	
Sharon BanKS	५५० ३०२०५०)	*	X				X
Committee Services							Revise	1.04

WITNESS REGISTRATION

Committee Name:	HREV	
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ublic Hearing on:	HB 2205	Date: 2/4/20//

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

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	(оршонан)	Yes	No	For	Against	Neutral	Yes	No
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MICHAEL SELVAGGIO GWEN GRIFFITH MICHAEL SCHRIDER	503 378 4379		×	X			X	
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Committee Services							Reviee	d 04/0