WITNESS REGISTRATION

Committee Name:_	HREV	
Public Hearing on:_	HB 2570	Date:
Please register if you wish t	o 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		Yes	No	For	Against	Neutral	Yes	No
PANDY WALRLEFF FED TOMKINS MULTNOMAH CHY Amette Spickard OSACA	L.		×	×			X	
amette Spickard OSACA			X	X				X
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Committee Services							Revise	d 04/