WITNESS REGISTRATION

Oregon State Legislature	0.000 0.000
Committee Name: Shat Comm on Gen Goit	CONSUMER, to Sm. Bus. Protectu
000	

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
Panel - Pam Lewitt - Credit Unions Scott Burgess - Rivermark Community CL Hal Scoggius - Attorned For Cuis)		×	×			× 02,5)
Bret Knewtson		>		X			<i>\\</i>	
,								
							70	
Committee Services								ed 04/04