PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name: JWMTP		_
Public Hearing on: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date: 3/24/13	_
Places register if you wish to testify on the above named measure/issue	Please print legibly.	

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

Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
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PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name: WMTP	
Public Hearing on: 448 5023	Date: 3/31/13
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 PLEASE PRINT <u>L</u> ÉGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
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