PUBLIC RECORD
Oregon State Legislature

Committee Services

WITNESS REGISTRATION

Committee Name: House Rules	-
Public Hearing on: HCR 20	Date: <u>५-३-२०।३</u>
Please register if you wish to testify on the above named measure/issue.	Please print legibly.

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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	(op.ioi.a.)	Yes	No	For	Against	Neutral	Yes	No
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Revised 04/04