PUBLIC RECORD Oregon State Legislature	WITNESS REGISTRATION				
Committee Name: <u>Hou</u>	ise Rules				
() , aplic Hearing on: <u>S1</u>	B 18	Date: 4-1-2013			

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

Name and Organization <u>or</u> County of Residence	Phone # (Optional) 37& \{324	Do you live more than 100 miles from this meeting location?		Position			Are yoù submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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Committee Services