## WITNESS REGISTRATION

Oregon State Legislature

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Committee Name:	Jt. TAX	CREDITS	

Public Hearing on: 5B 325 A Date: 5 - 30 - 13

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

Please print legibly.

Name and Organization or 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
SCOTT EKBLAD			X	X			$\lambda$	
OFFICE OF RURAL HEALTH			/					
Doug BARBER			×	×			×	
RURAL HEALTH ASSOC.								
BRYAN BOEHRINGER			×	×				
John Mullin				t c				×
H5C0			X	X				
Cancle Sheltetoll OCAP Bill 5- Kluding			\ \X		y		+	
Bill 5- Kluding Carpenters Industrial Council			×	4				×
Caleb Hayes OPSO/COMP-NW			X	X				+
John Wiser								