WITNESS REGISTRATION

Please register if you wish to testify on the above named measure/issue.	lease print legibly.
Public Hearing on: 53 308	Date: 2-13-2013
Committee Name: SEN, FINANCE AND F	REVENUE

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
ROB DOUGLUS	503- 370- 8416							
Katie Ponell, OSCPA			X	X			X	
Kim SPAULDINGICPA	503- 471- 1282		X	X			X	
bary Holcomb, CPA	503 6414 7906		×			≫	7	
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Committee Services

Revised 04/04