WITNESS REGISTRATION

Committee Name:_	SENATE	FINANCE	+ REVENUE	n D
Public Hearing on:_	SB	305	Date:	3-27-13

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	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position		Are you submitting written testimony?		
PLEASE PRINT LEGIBLY		Yes	No		Against	Neutral	Yes	No
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Committee Services							Povi-	sed 04/04