PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	SEN.	FINANCE	+ REVENUE
Public Hearing on:_	53	399	Date: 4-10-13
Please register if you wish	to testify on	the above named n	neasure/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	For	Against	Neutral	Yes	No
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Committee Services			1	1	<u> </u>	.L	Revis	ed 04/04