PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

Please register if you wish to testify on the above named measure/issue.	Please print legibly.	,
Public Hearing on: <u>HJM 8</u>	Date: 4-10-2013	
Committee Name: House Rules		

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				<u> </u>		1	Revis	ed 04/0

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