PUBLIC RECORD Oregon State Legislature

WITNESS REGISTRATION

Committee Name:__

Date: 4 22/2013 Public Hearing on:__

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	For	Against	Neutral	Yes	No
Mark Gilbert			X		×		X	
Tadel Meyer							i	
Christians Congill			i				0	
Sulc axis			~					
				-				n-
Committee Services				<u> </u>			Revise	ed 04/04