PUBLIC RECORD

Oregon State Legislature

WITNESS REGISTRATION

Committee Name:	enak General Govt,	Consumer, \$ Sn	1. Bus, Protection
Public Hearing on:_	HCR8	Date:_	4/19/13

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	For	Against	Neutral	Yes	No
**								

Committee Services

Revised 04/04