PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	Senate Rules			
Public Hearing on:_	5CR 11	Date:	3-27-13	
Please register if you wish	to testify on the above named measure/issue.	Please pl	rint legibly.	

Name and Organization or 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	(operonar)	Yes	No	For	Against	Neutral	Yes	No
SID LEIKEN			X	X				X
Rep. Bruce Hanna								
Committee Services							Revis	ed 04/04