PUBLIC RECORD

Oregon State Legislature

Committee Services

WITNESS REGISTRATION

Committee Name: Senate Rules	
Public Hearing on: 58 (54)	Date:
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
Loe Boessle- AFScmE			X	X				X
Ted Blastan			X	X			/	+

Revised 04/04