PUBLIC RECORD

Oregon State Legislature

Committee Services

WITNESS REGISTRATION

Please register if you wish to testify on the above named measure/issue.		Please pl	rint legibly.
Public Hearing on:_	HCR 28	Date:	5-1-13
Committee Name:_	Senate 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
McKenzie Lesavage			X	X			X	
Jarmin ans			X	χ			X	
coll: Huun			χ	X			\\\\-	
Sen. Jackie Winters								
Rep. Vicki Berger								
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Revised 04/04