PUBLIC RECORD
Oregon State Legislature

## WITNESS REGISTRATION

Committee Name: TWM	H5
Public Hearing on: SB 64	O Date: $5-6-20(3)$
Please register if you wish to testify on the abo	ve named measure/issue.

Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
RICK Rose Sciv		X	W.	X				X
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