## PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Please register if you wish to testify on the above named measure/issu	ue. <i>Please print legibly.</i>
Public Hearing on: <u>48 2230</u>	Date: <u>5-6-13</u>
Committee Name: SEN. FIXANCE + R	CEVENUE

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
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