Pregon State Legislature WITNESS REGISTRATION								
mmittee Name: <u>JWMEL</u>								
blic Hearing on: HB 313	20		C	Date:	5-6	23-0	201	3
ase register if you wish to testify on the above	named measu	re/issue.	Plea	ase p	rint l	legib.	<u>ly.</u>	
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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