WITNESS REGISTRATION

Committee Name: <u>SGGCP</u>

Public Hearing on: HB 2822 A

___ Date: <u>5/22/13</u>___

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?	
1	PLEASE PRINT LEGIBLY	(optional)	Yes	No	For	Against	Neutral	Yes	No
/	, Greg Peden			\succ	X				$\boldsymbol{\chi}$
-	Seb Bladine			X	\times				X
	Darrell Fuller								

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