PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	Senate Busin	ness and T	ranspor	tation
Public Hearing on:_	SB 142	Date:_	2/5	13
Please register if you wish to	to testify on the above named measu	re/issue. <i>Please</i>	print leg	ibly.

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
Peter Threlkel Secretary of State			V	1			V	/
John Mc Colley Ag G-op Council			J	V				
Committee Services							Revise	d 04/04