WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

| Committee Name:_ | House Rules | |
|--------------------|-------------|-------|
| ablic Hearing on:_ | SB 154 | Date: |

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? | |
|---|--------------------|---|----|----------|---------|---------|---------------------------------------|----|
| PLEASE PRINT LEGIBLY | , | Yes | No | For | Against | Neutral | Yes | No |
| Voe Baess/e Ascut | | | X | X | | | | X |
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