	WITNESS REGISTRATIO	
Oregon State Legislatur Committee Name:	SEN. FINANCE +	REVENUE
Public Hearing on: 143		Date: <u>6-5-13</u>

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

NIDI IA REAARA

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
JEREMY ANDERSON	५०३ ५६९ । उष		×	X				K
Maureen Boch	503- 93 4 - 4004		X	×			X	
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