PUBLIC RECORD
Oregon State Legislature

WITNESS REGISTRATION

Committee Name:_	Senate Rules	
Public Hearing on:_	SCR 19	Date: 6-18-13
Please register if you wish t	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		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		location? Yes No		For	Against	Neutral	Neutral Yes	
Railex								
Ser. Courtrey	_							
1								
.								
·		-					•	
								:
<u> </u>								
Committee Services	,		<u>L</u>				L	ed 04/04