WITNESS REGISTRATION

Oregon State Legisla Committee Name:	iture erate Ri	ival Comn	nunities + Econor	nic Developn	ent
Public Hearing on:_	SB	245	Date:_	2/26/13	

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 #	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
Sade Robers			×	X				×
Ann Hanus			×	X				×
							22	
			Sec. 1					
						2		
4								