PUBLIC RECORD

WITNESS REGISTRATION EXHIBIT: 17 HOUSE TRANS & ECON DEV Oregon State Legislature

MEASURE: HB

DATE: 3-4-13 ___ PAGES: __)

SUBMITTED BY: 5+0/ Committee Name: House

Public Hearing on: HB

Date:

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

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
			X			χ	X	
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