PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

Committee Name: House Committee on Revenue

Public Hearing on:_	2036	D	Date:_	3-1	5-201	3_	
			_	7000			_

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		Neutral	Yes	No
Gen. Caldwell (OMD)								
								And the state of t
				-				
Committee Services							Davie	ed 04/0