WITNESS REGISTRATION Oregon State Legislature

Committee Name:	HOUSE REVENUE		
Public Hearing on:	HB 2017	_ Date:_	3-11-2015

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
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Committee Services	VI 7			<u>I</u>			Reviso	d 04

WITNESS REGISTRATION

Oregon State Legislature

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Date: 3-11-2015 Public Hearing on:___

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	Name and Organization <u>or</u> County of Residence	Phone # (Optional)	than 10	this ting		Position		Are submi writ	itting ten
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l	John Ca Docea			X	X			X	
	J-L- WILSON - ADI								
L	Brad Morrison			X		X			
ι	Fraci Hensley			X		X			
	John Mullen Thoma services Coaliba			×	Χ				X
	Maraskelley			X	X				
	ANN Jorling			*	X				X
ļ	DAVID Jurling			X	X			X	
4	KAYBRIDGES			X		X			X 04/04

Committee Services

Revised 04/04

WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name:	HOUSE REVENUE		
Public Hearing on:_	HB 2077	_ Date:	3-11-2015

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	Yes	No
Steve Robinson			X	X	_			
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