WITNESS REGISTRATION

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Committee Name:	Donate Bus	iness + Iran	sportation	

Date: 2/11/15 Public Hearing on: SB 273

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
Laura Cali DeBS Gage DeBS	503.947. 7200		X	X				X
Gail Gage DOBS	503 947 7038		X	X				
				MEASURE EXHIBIT: SENATE E DATE: 02/ SUBMITT	BUSINESS 11/2015 F	& TRANSI		TION