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WITNESS REGISTRATION

PUBLIC RECORD

Oregon State Legislature

Committee Name:	()ナ大		
Public Hearing on:	SB 570	Date	: 2-9-15

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 tesimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Jody Wiser			-			7		
Kristine Deventored		~ C = _						
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