WITNESS REGISTRATION

Oregon State Legislature

House Committee on Committee Name:_

Public Hearing on: Date: (12-20-2015

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 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 |
| Rob Landeph | | | | | | | | |
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