WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name: House Committee or

Date: 02-20-2015 Public Hearing on:

Please register if you wish to testify on the above named measure/issue. Please print legibly.

Name and Organization or 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
Pob Jondaph				1/2				
						797		
Committee Services						1	Revie	ed 04/0