## **WITNESS REGISTRATION**

PUBLIC RECORD

Oregon State Legislature

Committee Manage	CIR	Oregon State Legislature
Committee Name:		
Public Hearing on:	S.B. 5.7	Date: $\frac{3}{25}/5$
Please register if you wish to t	estify 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	(Operonar)	Yes	No	For	Against	Neutral	Yes	No
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