WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:_	Joint Ways & Means	Subcommittee	on Gen	eral Go	vernment
Public Hearing on:	喜 SB 550	1	Date:	03/10	1/2015
Please register if you wish	to testify on the above named	measure/issue	ease ni	rint led	rihly.

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
ROB DOUGLAS OSCPA	503- 370- 8416				/		/	/
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Committee Services							Revise	ed 04/04