WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name: SBT								
ablic Hearing on: SB 5	33			Date:	3/	30/	15	5_
Please register if you wish to testify on the above	e named measu	re/issue.	<u>Plea</u>	ase p	rint l	legib.	<u>ly.</u>	
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	(Optional)	Yes	No	For	Against	Neutral	Yes	No
PAU ROMANO OSWOA			X			X		×
			MEASURE: SB 583 EXHIBIT: 23 SENATE BUSINESS & TRANSPORTATION DATE: 3/30/2015 PAGES: SUBMITTED BY: S+aff					
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