WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:_	SB 1		
√olic Hearing on:_	SB 937	Date: 3/80/15	6
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	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	
PAUL ROMAIN OSWOA			X	X				X	
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