WITNESS REGISTRATION

nmittee Name:____

Public Hearing on:_

Date:_

C RECO

Oregon State Legislature

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
Tom Malellan						/	/	
Catherine Muller			V					c
2				MEASURE: SB 818 EXHIBIT: 16 SENATE BUSINESS & TRANSPORTATION DATE: 4/1 /2015 PAGES: 1 SUBMITTED BY: Staff				
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