WITNESS REGISTRATION

nmittee Name:______SB

Public Hearing on:

Date:_

PUBLIC RECORD 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
	Tim Williame OREGON FILM			×			\checkmark	$\boldsymbol{\gamma}$	
Parts	Eryn Loodman CAST FRON FILMS			¥	¥			7	
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					MEASURE: <u>SB</u> 872 EXHIBIT: <u>19</u> SENATE BUSINESS & TRANSPORTATION DATE: 4/1/2015 PAGES: <u>1</u> SUBMITTED BY: <u>STAFF</u>				
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