Oregon State Legislature WITNESS REGISTRATION PUBLIC RECORD

Committee Name: SBT	
Public Hearing on: SB 459	Date: 4 15 15
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	(Optional)	Yes	No	For	Against	Neutral	Yes	No
CRAIG CAMPBELL, AAA			×		×			X
TROY COSTALES, OPOT			X			×	X	
CEN PROCENS!			×		×		×	
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Committee Services							Revis	ed 04/04