PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

| Committee Name: SB | | | | | |
|--|-----------------------|--|--|--|--|
| Public Hearing on: 58 275 | Date: 4/20/15 | | | | |
| 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 PLEASE PRINT LEGIBLY | Phone # (Optional) | Do you live more than 100 miles from this meeting location? | | Position | | | Are you submitting written testimony? | |
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| | | Yes | No | For | Against | Neutral | Yes | No |
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| Committee Services | | | | | | | Revise | ed 04/0 |