Oregon State Legislature WITNESS REGISTRATION

Committee Name: JWMH5	
Public Hearing on: SB 696	Date: 5-19-15
Please register if you wish to testify on the above named measure/issue.	<u>Please print legibly.</u>

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?	
		Yes	No	For	Against	Neutral	Yes	No
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nmittee Services		<u> </u>	<u> </u>				Revise	Pd 04