WITNESS REGISTRATION Oregon State Legislature

Committee Name:						
Public Hearing on: HB	2016 Date: 06/10/20	15				
Please register if you wish to testify on the ah	pove named measure/issue Please nrint legible					

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	April 1	Yes	No	For	Against	Neutral	Yes	No
Cindy Hont + Matrisha Smith			7	X				+
					*			
Committee Services							Revise	ed 04/04