## PUBLIC RECORD

## Oregon State Legislature

## **WITNESS REGISTRATION**

Please register if you wish to test	ify on the above named measure/issue.	Please p	rint legibly.	
Public Hearing on:	SB 567 A	Date:	6-29-15	
Committee Name:	HOUSE REVENUE	gan Stan		

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
Church Sheketoff		X				X		X
						-		