_/-	WITNESS REGISTRATION PUBLIC RECORD			
Committee Name:	HOUSE REVENUE Oregon State L	egislature		
Public Hearing on:	HB 2555 Date: 2-25-	- 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		Yes	No	For	Against	Neutral	Yes	No
MATT EVANS			$\times$		×			$\times$
TAXPAYER ASSN OF OR								
Justin Freeman			X	$\times$				$\times$
LA, Rep. Greenlick						2		
Sarah Higginbolham			X	X			K	
Am. Heart Assoc.			,	l			1	
CUEIS GIEDED PLAO POUTRIES LUSTED ROIDEY PUBLIC			~		4			
LUSTED VAILEY Public			~		2-			
BEEDIES COONSEL								
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Committee Services