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WITNESS REGISTRATION

Committee Name:	Senat	e Committee	on Finance	Revo	enue			
Public Hearing on:	53	33		Date:_	Feb.	_7,_	2017	
Please register if vo	ou wish to tes	stify on the above-na	amed measure/issu	e. Pleas	e nrin	t les	eihlv.	

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure			
		,	For	Against	Neutral	
Lois Williams	OR Dept. of Rovenue		X			
Lois Williams Doanna Mack	OR Dept. of Rovenue	2	X			
	/					
			1			