PUBLIC RECORD WITNESS REGISTRATION

Oregon State Legislature
Committee Name: Public Hearing on: SB 29 Date: 2/13/17

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 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
Jeff Henderson				X				

Committee Services

Revised 04/04

WITNESS REGISTRATION

Oregon State Legislature Committee Name:	
Public Hearing on: SB 29	Date: 12/113/17

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	(Optional)	Yes	No	For	Against	Neutral	Yes	No
Jeff Henderson				X-				
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Committee Services

Revised 04/04