WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name: HOUSE REVENUE

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Public Hearing on: HB

Date: 2-4-2014

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
GOM BERG								
JOHN BERG								
John Mullin			X	X				X
Jody Wiser			X	Ś	<			X
Rick Benut								
Committee Services							Revise	ed 04/04