WITNESS REGISTRATION

Oregon State Legislature

Committee Name:	HOUSE REVENUE	Oregon State Legislatur				
Public Hearing on:_	1+B4142	Date: <u>2-5-14</u>				

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
Keith PEAL H.B. CHAMBER OF COMMUNE Sarah Garrison			X		X		χ	
			X		\times		X	
Mach Mc Mullen OEA								
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