WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:	House	REVENUE				
Public Hearing on:	SB 1535	Date:	2-19-14			
Please register if you wish to t	estify on the above named n	neasure/issue. Please	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 tesimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
MICHAEL SELVAGGIO	378-							
OPEAUN STATE TREASURY	4329		×	×				×
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