WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name: Senate Rules Public Hearing on:__ Date: 2/19/2014 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
Sew Floyd Prozporty				/				
Committee Services					1		Revise	d 04/04