WITNESS REGISTRATION

nmittee Name: Sen Rural Comm + Ecor

Public Hearing on: <u>HB 4128</u> Date:_

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
ERIN DOYLE			χ		X			X
LEAGUE OF ORGERN CITTES					1			
ERIN DOYLE LEAGUE OF ORCGON CITIES Rep. Clem								
			MEASU EXHIB	MEASURE HB 4/28 EXHIBIT: 2. 2014 SESSION S R.COM. & ECON. DEV. DATE: 2/18/14 PAGES: 1 SUBMITTED BY: Staff				
)			DATE: SUBMI	2/ ₁₈ / ₁ TTED BY	S R.COM. Y PAGI Y: Sta	& ECON. ES: <u> </u>	DEV.	
								
Committee Services							Paylo	sed 04/0