PUBLIC RECORD

WITNESS REGISTRATION

Organ State Logiclature	WITNESS REG	ISTRATION	
Oregon State Legislature Committee Name:	Sacha Fallin	4011 0 101000	DASONICAS
Committee Name:	eville triviyor	WWWIT 4 WW.	MANNES
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Public Hearing on: HB 4049 _____ Date: 2 17 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
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