WITNESS REGISTRATION

Oregon State Legislature

Committee Name: House	Committee	on Rules	Oregon otate Legislatar

olic Hearing on: SCR 202 Date: 2/24/2014

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 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
ALAN OLSEN								-
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Committee Services

MEASURE: SCR 702 EXHIBIT:_

2014 SESSION HOUSE RULES DATE: 2-24-2014 PAGES: 1 SUBMITTED BY: Staff