WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:	Senate Rules			*
₄olic Hearing on:	HCR 202	_ Date:_	2-25-2014	20

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
TIMOTHY MOORE UNDERSHERIER MULTHOMAN COUNTY SHUFFS OFFICE	507- 988-440 9		~	V				-
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Committee Services

MEASURE HCR 202

EXHIBIT:

2014 SESSION WRULES

DATE: 2/25/2014PAGES: 1 SUBMITTED BY: Staff