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WITNESS REGISTRATION

PUBLIC RECORD

Committee Name: _____

S.F.R.

Oregon State Legislature

Public Hearing on: _____

SB 604

Date: _____

2/12/15

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Name and Organization or 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
<i>John DiCoratze Aspen Inv Group</i>			X		X		X	
<i>Tom Hughes Maha</i>			X	X				X
<i>Alison Fearn Metro</i>			X	X			X	
<i>Jeff Miller Travel Portland</i>			X	X				X
<i>John Mohr OR St. Bldg Trades</i>			X	X				X

3 w/et

1 w/et

2 w/et

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