

WITNESS REGISTRATION

Committee Name: HOUSE REVENUE

Public Hearing on: HJR 19 Date: 3-19-2015

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	
MATT EVANS TAXPAYER ASSN of OR			/			/		/	