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WITNESS REGISTRATION

PUBLIC RECORD

Committee Name: SFR Oregon State Legislature

Public Hearing on: SB 190 A Date: 5/12/15

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
AARON KNOTT DEPT OF JUST.			X	X			X	
Kristen Gilman DOS			X	X				