PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature	WITNESS REGISTRATION	•
Committee Name:	HOUSE REVENUE	
Public Hearing on:/	4B 4072 Date:	2/4/16

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	
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KATIE FRANKHAUSER				1				
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