WITNESS REGISTRATION Oregon State Legislature Committee Name: Date: Public Hearing on:

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

PUBLIC RECORD

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
DON REES MULTNOMAH COUNTY D.A. DARRELL FILLER					X			X
DAPARELL FALLER			V		V			~
GAIL MEYER							÷	
Becky Straus ACLU of Oregan			V	X				X
ACLU of Oregon			X	X				7
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