PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

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Committee Name:	Send	te trea	ith Care	Ellumar	1 Service
Public Hearing on:	SB	30A	Da	te: 4   8	13

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
(OREGON SUDICIAL DEPT.)			V		V		V	
MICHAEL LIVINGSTON								
SERRY WHYBRANTOH	5		V			V		/
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