PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

Committee Name:	House	Judiciary
		7

Public Hearing on:___

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
JEFF WOOD , CAPT.				Sal				
MARION CO. SHERIFFS OFFICE				lash /				
JEFF HOWES				X amended				2
Mult. Co. DA/ODAA			X	Verson				X
Scott Healy								
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