## PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:	House Juc	diciary	
Public Hearing on:	SB 52A		Date: 5/1/2013
Please register if you wish to tes	tify on the above named m	neasure/issue.	ease 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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