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Oregon State Legislature WITNESS REGISTRATION

Committee Services

Committee Name:	House Committee on	Tudiciary
Public Hearing on:_	5B 638	Date:
		5/1/2013

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
CHAIG PLINS			X	X			X	
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Revised 04/04