WITNESS REGISTRATION

Oregon State Legislature
Committee Name: Louse Judiciary

Public Hearing on:_

Committee Services

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

Revised 04/04

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
KAREN DANJE/S, OYA				X			X	
KIMBrockamp, Doc				X			X	
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