Oregon State Legislature WITNESS REGISTRATION

Committee Name: Senate Judiciary

Date: 5-14-13 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? | |
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| | | Yes | No | For | Against | Neutral | Yes | No |
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