WITNESS REGISTRATION

Olaka Lagiale	AATIIATS	2 KEGISIKA	LITOIA	
regon State Legisla	ature,	2 7 7		
Committee Name:	House Jun	diciary		
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Public Hearing on:	28/24	~	Date: 5/14/13	

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
Jess BARTON OR STATE BAR DAVID AMESBURY			X	X			X	
DAVID AMESBURY	2		×			X		X
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Committee Services

Revised 04/04