PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislatu	WIINESS REGISI	IRAIION	
Committee Name:	House Judiciar	ry	
Public Hearing on:	SB 592 A	Date: 5/15/12	

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
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