## **PUBLIC RECORD**

## **ITNESS REGISTRATION**

Oregon State Legislature
Committee Name: House Judiciary Public Hearing on:\_\_\_ Date:

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
Robin Nodland			X	X				X
CarolStudenmind			X	Y				X
Doug Friend	e <sub>v</sub>		X	Y				X
Jonatha Eaures			X	X				
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