PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

Committee Name:	House	Judici	arl	
Participation of the Control of the			/	

Public Hearing on: 5B 463 A

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
Justin Mentin Conf. tribes of Grand Pond. Rep. Shields	(5
Rep. Shields	C							
Rep. Gallegos								
sen. Winters								
Rep. Fredrickson								
eto .								
. *								100
	,							