PUBLIC RECORD Oregon State Legislature

Committee Services

WITNESS REGISTRATION

Committee Name:_	Senate Judi	iciary	
Public Hearing on:	58 444	/ Date:	2/21/13
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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	The state of	Yes	No	For	Against	Neutral	Yes	No
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Revised 04/04