PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

Committee Name:_	Senate Judio	iary			
Public Hearing on:_	58 39		Date:_	2/26/13	
Please register if you wish	to testify on the above named me	easure/issue.	Please p	print legibly.	

Name and Organization <u>or</u> County of Residence	(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
GAIL MEYER				2				
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								24
Committee Services							D '	ed 04/04