PUBLIC RECORD
Oregon State Legislature WITNESS REGISTRATION

Committee Name:	House	Judiciary			
Public Hearing on:	SB 50		Date:	3/6/13	
Please register if you wish to test	ify on the above na	med measure/issue.	ease p	rint 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
Bruce Miller State Courts		7					/	
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ommittee Services		L					Revie	ed 04/0