PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name:	Senate Judiciary			
Public Hearing on:	SB 941	Date: 04/01/1015		

Please register if you wish to testify on the above-named measure/issue. Please print legibly.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure			
		this meeting.	For	Against	Neutral	
Herman Welch	Lincoln		X			
Paul Kemp	Multnomah		×			
Don Johnson, Lake Osugo	Clackamas		X			
Dan Kemper	Multoman		X			
Stephen Sirkin	Multnomah		K			
Jans Radtke	Lane		X			
Marge Fasley	League of Women Vota	5	X			
Samuel de MAHATURTON	Lane	7	X			
- Tensi MOATH SPEE	Lane	V				
Jo Daser		P				
Tom O'Connor		荟	\varnothing			
Ann Barkley	SW Portland		X			
Jen Jellom Deff Jel	lum)		X	-		
Dun Gross		X	X			

32

PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name:	Senate	Judiciary	
Public Hearing on:	SB 94	1	Date: 04/01/2015

Please register if you wish to testify on the above-named measure/issue. Please print legibly.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure			
		tills meeting.	For	Against	Neutral	
Jan lynch o-to Scheu Michelle Gangu- Jones	- milk Centy					
0-ft School	Muthomah /County	(
Michelle Ganopu-	OR Natil org 601		X		ı	
JIM SCOTT	Multimonal Courty OR Natil Ora 601 Worner NETTONAL PHYSTCIAS MULTIMONE ALLEMAN		X			
Dr. Brenna Cewis	Coase Fire		X			
JOSIE HENDERSON	OREGON PUBLIC HEALTH ALLIANCE		\checkmark			

5 #3

PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name:	Senate Judiciary	
Public Hearing on:	SB 941	Date: 64/01/2015
Please register if yo	u wish to testify on the above-named measure/issue. ${m P}$	Please print legibly.

Name PRINT LEGIBLY	Organization or County of Residence			on on Me	n on Measure	
		this meeting.	For	Against	Neutral	
Pat Albright	hane	· I	X			