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WITNESS REGISTRATION

Public Hearing on:	SB 495	Date:	22	1 20	19
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		
			For	Against	Neutral
Craig Prins	DOC				/
Enjuy COOPER Bob Joondeph	DISABILITY RIGHTS OR		X		
Bob Joondeph	DRO		X		
KIMBERLY MCCULLOUGH	ACLU OF OREGON		X		
Sheriff Jason Myers	Oregon State SheriKES ASSO		Wdash	1 Amon	1
May sofia	OCPLA		X		

Committee Name: _______.