PUBLIC RECORD: This form be posted on the Internet and a	, your verbal testimony, and r ccessible to the public.	naterials y	y <mark>ou dis</mark>	tribute	will	
Committee Name:	WITNESS REGISTRATION	Date: 3		-	Ap Len Test	ficate prox. gth of imony - 5
Please register if you wish to testify Name <i>PRINT LEGIBLY</i>	on the above-named measure/issu Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Please Position on Measure			
Mary Sofia	OCDLA		For	Against	Neutral	
AARDAY KNOTT	DEPT. OF JUSTICE				X	4
Katie Suver	ODAA MCDA			X		
Kimberly Mc Collou	P ACLU for					-

CS001 (rev. 6/2014)