PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature WITNESS REGISTRATION									
Committee Name:_	House Jud	iciary							
Public Hearing on:	NB 4066	Date: 2/6/14							

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

Please print 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
Phil Lemman, 050			V	V			~	
Travis Prestwich			V	v			V	
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