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WITNESS REGISTRATION

Committee Name: _____

Public Hearing on: SB 1556 Date: 2/5

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

Name	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
<i>PRINT LEGIBLY</i> <i>Laurie Monnes Anders</i>					
<i>Alison Kelly</i>	<i>Liberty House</i>		<input checked="" type="checkbox"/>		
<i>Doug Rigbi</i>	<i>OR. Network of Child Abuse Intervention Ctrs</i>		<input checked="" type="checkbox"/>		
<i>Dan Leonhardt, MD</i>	<i>CARES NW</i>		<input checked="" type="checkbox"/>		
<i>Kevin Barton</i>	<i>Washington County DA Office</i>		<input checked="" type="checkbox"/>		
<i>Daina Vitolins</i>	<i>ODAA</i>		<input checked="" type="checkbox"/>		
<i>Jeff Rhoades</i>	<i>MCDA / ODAA</i>		<input checked="" type="checkbox"/>		
<i>Eric Destruch</i>	<i>OCOLA</i>			<input checked="" type="checkbox"/>	