**PUBLIC RECORD** 

Oregon State Legislature WITNESS REGISTRATION

	(2011)			1
Committee Name:	House	Vets#	Emergency &	renavedness
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Dublic Hearing on:	LH 11	079	Date	4/11/12

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)	than 10 from mee local	ive more on miles this ting tion?	Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes No		For	Against	Neutral	Yes	No
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**PUBLIC RECORD** 

**WITNESS REGISTRATION** 

Oregon State Legislature
Committee Name: House Vets & Emergency Public Hearing on:

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

Phone #	Do you live more than 100 miles from this meeting		Position			Are you submitting written testimony?	
(Openomal)	Yes	No	For	Against	Neutral	Yes	No
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	Phone # (Optional)	Phone # from mee locat	Phone # from this meeting (Optional) location?				

**WITNESS REGISTRATION** 

Oregon State Legislature Committee Name: House Vets & Emergency Preparednes	Oregon State Legislature Committee Name: How Se	Vets & Emergence	y Preparadnes
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Public Hearing on:\_\_\_

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 li than 10 from mee locat	this ting	Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes No		For Against		Neutral	Yes	No
Mike Caldwell			X	X				X
TONY Garcia			X	Y				X
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