PUBLIC RECORD

WITNESS REGISTRATION

MEASURE	SCR	9		
EXHIBIT:	4			
CAMPTO O. I	NAPPORE	NICIVI	VOIDO	DEDI

Oregon	State	Legis	
Comm	ittee	Name:	

According to the second
EXHIBIT: 4
S VETS. & EMERGENCY PREPAREDNES
DATE: 2-28-13 PAGES: _/
SUBMITTED BY: STOFF

Public Hearing on:	Date:
Table freating on	

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

Please print legibly.

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position		Are you submitting written testimony?		
	(cps:sim)	Yes	No	For	Against	Neutral	Yes	No
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