PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

0.0900					
Committee Name:	House Veterans'	Services &	Emergen	cy Preparednes	5
-					_
Public Hearing on:	1 HCRII		_ Date:	2-28-(3	-0
Please register if you wish	to testify on the above named m	neasure/issue. P	Please pr	int 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
Backel & Polo to Central CA Concern			X				X	
B6 Mills Caldwell Rep. Cliff Bentz				1,				V
Rep. Cliff Bentz								
s.								
Committee Services							Revise	ed 04/04