PUBLIC RECORD

Public Hearing on:___

WITNESS REGISTRATION

Oregon State Legislature

Committee Name: House Veterans' Services + Emergency Preparedness

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

Please print legibly.

Date: 3-7-13

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
MARIC SAN SOUCI	571	X		X			X	
Dept of Detense Liaison	4624			6			1	
, ,	503							
Holly Mercel	313		X			X	X	
	986-		X			~	X	
Amy Joyce, ODOI	36 49						/\	
Bold Wille Co Level V			×	\ \ \				×
ERIKS GABULS	507-		1					
DP557	37331		X			X		X
V() / (12336							
Committee Services							Revise	ed 04/04