WITNESS REGISTRATION

Committee Name:_	SEN.	FINANCE +	REVENUE		_
Public Hearing on:_	5B 1	28	Date	: 3-6-13	-

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 #	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(Optional)	Yes No		For Against Neutr		Neutral	ıl Yes No	
BAVID SELLARS SYDUMTEER SCOTT MULLEN ASSOCIATION	503- 376- 0896		$\times \times$	X			X	
SCOT MULLEN ASSOCIATION		X		X				
Nicole Palmateer			~	X				
Oregon Fire Chiefs Association								
Déboral Boone State Rep. HD 32	6-1432	X		X				X
			:					
Committee Services							D;	ed 04/