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## WITNESS REGISTRATION Committee Name: Date: Date

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

Name  PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
	a, r	this meeting.	For	Against	Neutral
LAURIE WIMMER	OEA			-	
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