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WITNESS REGISTRATION Committee Name: Date: Date

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

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
		this meeting.	For	Against	Neutral
Susan Farmer	Marion			/	
Susan Farmer Millie Burton-Flink Celia Fank Relieuce Roth	Benton Benton County Marion			X	
Celia Fank	Benton County				
Reheice Roth	Marion			×	
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