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WITNESS REGISTRATION

Committee Name: _	Senate	Rules		
Public Hearing on:			_ Date:_	3-17-2015
Please register if you	u wish to testify	on the above-named measure/issue.	Please	e print legibly.
Name		Organization or County of	Check if you	Position on Measure

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			For	Against	Neutral
Day Whotset	Senate				
7					
	9				