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## WITNESS REGISTRATION

Committee Name: _	Senate	Ru	les	
Public Hearing on: _	HCR	13	Α	Date: 4/14/15
Please register if you	wish to testify	on the a	bove-named measure/issue.	Please print legibly.

Name  PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		this meeting.	For	Against	Neutral
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