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WITNESS REGISTRATION

Committee Name: _	Senate Rules	
Public Hearing on:	5JR 6	Date: 5/2 6/15
Please register if you	ı wish to testify on the above-nam	ned 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		
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