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WITNESS REGISTRATION

Committee Name:	ays 3 Means Sul	· Committee o	n Education
	2870		05/21/2015
Please register if you wish to testif	y on the above-named meas	ure/issue. <i>Pleasi</i>	e nrint leaihly

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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