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WITNESS REGISTRATION

Committee Name: _	Senate Rules			_
Public Hearing on:	SCR 18	Date:	6-16-2015	_
Please register if you	u 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 this meeting.	Position on Measure		
		this meeting.	For	Against	Neutral
Sm. Winters.					
×4:					
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