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WITNESS REGISTRATION

Committee Name:	Senate Educat	ion
Public Hearing on:	-0 0 . 0	Date: 3/7/17
Please register if you w	vish to testify on the above-named	neasure/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		
			For	Against	Neutral