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WITNESS REGISTRATION

Committee Name: _	Senate He	ealth Care						
Public Hearing on:	SB 50	Date:_	3/14/17					
Please register if you 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		
,				For	Against	Neutral
	Jun Rickards	OHA		X		
	Jun Rickards Dense Taray	OHA		X		
	Nova Stern	OHA		X		
	Jenn Bayer 1	ONA			X	
(8)	Pandan Arnold	OFSN Mary		×		
	CONTINI Drosson -	OFSN Mara			X	
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