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WITNESS REGISTRATION

Committee Name:	Son	rate	Health Care		
Public Hearing on: _	68	859		Date:	3/16/17
Please register if you	wish to testify on		ve-named measure/issu		
N.T		Organi	zation or County of	Check if you	Position on Measure

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
	_	Ü	For	Against	Neutral
Rico Dence J Trevor Beltz	Great Ribbon Rally	×	\times		
Trevor Beltz "	OMA			X	
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