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## WITNESS REGISTRATION

Committee Name:	Sev	nate	Committee	00	Jud	iciary	
Public Hearing on:	5B	719	_		Date:_	4/18/	17

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

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
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