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WITNESS REGISTRATION

Committee Name:	Lenate Health	Care
Public Hearing on: _	AB 23414	Date: 4/27/17
Please register if you	wish to testify on the above-named mea	sure/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		
TRIVI BBGIBBI			For	Against	Neutral
Tom House	CAMBIA				X
Doug BARBER	CAMBIA HEALTH UNDERWRITERS				X
Pat Allin	D(35		+		
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