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WITNESS REGISTRATION

Committee Name: _	House Health Care						
Public Hearing on:	SB 275A	Date:_	5/8/	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
/	Scott Sell Mark Bonagno Bob Joundaph	Mult Co				×
	Mark Bonomo	Mult Co OMA Disabelity Rights Originar		×		
/	Bob Joundaph	Disability Rights				
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