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## WITNESS REGISTRATION

WIIIIDDIRECTION				
Committee Name: HUMAN SERVICES	el Housing			
50 17	0/127117			
Public Hearing on:	Date:			
Please register if you wish to testify on the above-named me	easure/issue. Please print legibly.			

Name PRINT LEGIBLY	Organization or County of Residence	cesidence  Check if you live more than 100 miles from this meeting.		Position on Measure		
		tills meeting.	For	Against	Neutral	
JOE DAFOE	OREGON DEPT OF CORRECTIONS		X		Z	
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