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WITNESS REGISTRATION

Committee Name: House	VETERANS	AND	EMERGENCY	PREPAREDNE	E 21
Public Hearing on:	26 90			Date:_	3,9.2014
Please register if you wish t	o testify on th	e abov	e-named measur	e/issue. <i>Please</i>	e 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
CAMERON SMITH	OBVA				
Diane Powell, MD	Jackson County	V			
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