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WITNESS REGISTRATION

Committee Name: _	House	- Judic	iary					
Public Hearing on:	HB	2019		Date:	17/17			
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		
		ems meenig.	For	Against	Neutral
PAUL ROMAIN JOSH OLLER	OREGEN FAMNBADKENS ASSN		X		
JOSH OLLER	1.		*		