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TITLE OF THE OFFICE OF THE PERSON OF THE PER	WITNESS	<b>REGISTRATION</b>
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Committee Name:	Senate Judiciary	
Public Hearing on:	SB 493	Date: 2/16/17
Please register if you	u wish to testify on the above-named measu	are/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
	Tim Colahan	AA00		X		
2	Tim Colahan Kesin Campbell GAIL MEYER	OACP-OSSA		X		
2.3	GAIL MEYER	DEDLA-				X
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