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WITNESS REGISTRATION

Committee Name:	SENATE	HEALTH	CARE	
Public Hearing on: _	SB 1	38	Date: 02-25-20	19
Please register if you	wish to testify on the	above-named mea	asure/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
Trevor Douglass Chris Bouneff TAGEK/TACKE	Oregon Health Authority				
Chris Bouneff	NAME Oregon		X		
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