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WITNESS REGISTRATION

Committee Name: _	SENATE HEALTH	CARE
Public Hearing on:	SB 179	Date: 3-27-2019
Please register if you	wish to testify on the above-named measure	e/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
7	BAKBARA HANZH	OHPCA		L		
	BARDARA HANEH JEIA NISLIMUEA PAULA EDWARDS Scott GALLANT	16		_		
8	Paula Edwards	OHPCA- KNEE		~		
	Scott GALLANT	11		V		