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WITNESS REGISTRATION

Committee Name:	Sena	He	Human	Services					
Public Hearing on: _	36	21		Date:_	4/4/19				
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		
			For	Against	Neutral