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## WITNESS REGISTRATION

Committee Name: _	Senate Human	Services						
Public Hearing on:	SB 1035	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
	Rep. Mitchell					
	John Mullin	FOI AARP		X		
	John Mullin SARA KOFMAN	Alzheimeis association		X		
/						
		w1				