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WITNESS REGISTRATION

Committee Name:	Senate Human	Services	
Public Hearing on: _	SB 1039	Date:_	4/4/19
Places register if value	wish to testify on the above-named mea	sure/issue. <i>Please</i>	e 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
Doanne Fehrman	ORA Osegun I/DD coagh ODDS		V		
Villia Teninty	ODDS				
V 89	Disabelle Right CR DD Specialist/Adem+1P		V		
Sarah Jane Owens	DD Specialist/AdemHP				
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