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WITNESS REGISTRATION

Committee Name: _	House	Indi	iciany		_				
Public Hearing on:	SB	269	A	Date: 5/7/19	_				
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		
		ting injecting.	For	Against	Neutral
CHRISTINE PANDISPOR	R Marion		P		
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JAYNE DOWNWG	Center HOFF HOFE		X		