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WITNESS REGISTRATION

Committee Name: _	Senate	Committee or	1 Rules				
Public Hearing on:	Executive	Appointments	Date: <u>5-8-2019</u>				
Please register if you wish to testify on the above-named measure/issue. Please print legibly.							

Name PRINT LEGIBLY	Please identify which would like to testify on.	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
29					