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WITNESS REGISTRATION

Please register if vo	u wish to test	ify on the above-nar	ned mea	asure/issue. <i>I</i>	Please print legibly.	
Public Hearing on:	HCR 2	20			Date: 5-1-2019	
Committee Name:	Joint	Committee	On	Capital	Culture	

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		ting meeting.	For	Against	Neutral
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