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	WITNESS REGI	STRATION	
Committee Name: _	House Heal	th Care	
Public Hearing on:	SB 1027	Date: 05/14/20	16
Please register if you	wish to testify on the above-named	d 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
Ethan Krow	SEIU		X		
RANDY LAUER	OSAA		×		
John Morehead, Mrs	Crowde Ands Prepart	-			
John Morehead, Mrs	OHER/OMA/ONACED		\nearrow		
	omA		×		
Courtney Helstein	Cas cade AIDS Payer				
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