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WITNESS REGISTRATION

Committee Name: _	Hou	15e	Health	Care					
Public Hearing on:	in the				05/16/2019				
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		
19			For	Against	Neutral
Annaliese Dolph	OHA		X		