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WITNESS REGISTRATION

Committee Name: _	SFR								
Public Hearing on: _		213		Date:	02	106/1	9		
Please register if you	wish to t	estify on	the above-named measure/iss	ue. <i>Please</i>	prini	legibl	<u>v</u> .		
Name PRINT LEGIBLY			Organization or County of Residence Check if you live more than 100 miles from this meeting.			ion on M	Measure		
					For	Against	Neutral		
Maraz Kel	ley		DWRC				X		

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Maraz Kelley	owrc				X	
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