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WITNESS REGISTRATION

Committee Name: _	Senate	Committee	01	Rules			
Public Hearing on:	Sc(2	202			Date:	/10/2020	
Please register if you	u wish to te	stify on the above	-nam	ed measure/iss	ne. Please n	rint 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
Keith Ozds I Sen. Knopp	HS Voc Rehab		/		
Sen. Knopp			×		