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WITNESS REGISTRATION

Committee Name: _	Senate Health Care		
Public Hearing on:	HB 410ZA	Date:	2/25/2020

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		
			For	Against	Neutral
Algernask					
Courthi Dresser	OMA		X		
Britany Duff- 600	che NPP		X		
Alysia Cox	OHSV		X		
Mike Struder	OPTA		X		
Traciee Thomas			X		
Traclee Thomas Katy Kinu	OPPZ				
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