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## WITNESS REGISTRATION

**Committee Name: Senate Committee on Human Services, Mental Health and Recovery**

**Public Hearing on: SB 517**

**Date:**

**Please register if you wish to testify on the above-named measure/issue.**

<b>Name</b>	<b>Organization or County of Residence</b>	<b>Position on Measure (FOR/AGAINST/NE UTRAL)</b>
Steve Elzinga	Marion	FOR