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**WITNESS REGISTRATION**

Committee Name:         SFR        

Public Hearing on:         SB 190 A         Date:         5/12/15        

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

**Please print legibly.**

| Name and Organization or County of Residence<br><b>PLEASE PRINT LEGIBLY</b> | Phone # (Optional) | Do you live more than 100 miles from this meeting location? |    | Position |         |         | Are you submitting written testimony? |    |
|---|--------------------|---|----|----------|---------|---------|---------------------------------------|----|
|   |                    | Yes   | No | For      | Against | Neutral | Yes                                   | No |
| AARON KNOTT DEPT OF JUST.   |                    |   | X  | X        |         |         | X                                     |    |
| Kristen Gilman DOS  |                    |   | X  | X        |         |         |                                       |    |
|   |                    |   |    |          |         |         |                                       |    |
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