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WITNESS REGISTRATION

Committee Name: _____

Public Hearing on: SB 1576 Date: _____

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

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Shaun Sillions	1800 Contacts		X		
Trevor Cleveland	DOPA			X	
Nicole RUSH	DOPA	X		X	
Carol Alexander	J&J	X		X	
Takero Minra	J&J	X		X	
ARON KOST	DOJ				X