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## WITNESS REGISTRATION

Committee Name:	HOMO HEAD the Care	
Public Hearing on: _	118 4029	Date:

## Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

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
Scott Winkok	Logino SE DD ( . L. P.				
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CS001 (rev. 6/2014)