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WITNESS REGISTRATION

Committee Name: Schate Education				w
Public Hearing on: 5B 574	_ Date:_	2	121	12017
Please register if you wish to testify on the above-named measure/issue	. <u>Pleas</u>	e pi	int l	egibly.

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	
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