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WITNESS REGISTRATION

Committee Name: SFR

Public Hearing on: SB 29 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
Walter D. ...	Council on State Taxation			*	
JEFF HENDERSON	DEPT OF REVENUE		✓		

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Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
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DAVID DAVIS	State Representative			*	
JEFF HENDERSON	DEPT OF REVENUE		✓		