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### WITNESS REGISTRATION

**Committee Name:**

**Public Hearing on:**

**Date:**

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

<b>Name</b>	<b>Organization or County of Residence</b>	<b>Position on Measure (FOR/AGAINST/NE UTRAL)</b>
Alicia Beymer	PeaceHealth	FOR
Joseph Leykam	Corvallis	FOR
Nicole Newall	Senior and Disability Services - Eugene	FOR
Sarah Power	Providence	FOR
Susan Yoder	Oregon Health and Science University	FOR





































