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THIRD MEETING							
Representative or Senator Name:							
id you meet with the Elected or with their staffer? (Please circle) ELECTED STAFFER BOTH							
	Yes	No	Undecided				
Protect and Expand WA Cares Long-Term Care Benefits							
Healthcare for Nursing Home Workers							
Rent Stabilization, Renters' Protections, and Affordable Housing Investments							
Your Priority: (write name of one additional priority of your choice)							
Did the legislator have questions or request any additional information?							
Share any notable moments or other information from your meeting.							
Other notes:							

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