

# Health Committee Testimony Sign-In Sheet

Please print. The information you provide is public information.

Date	Name	Phone and/or email	Organization and Title
2/10	TOM HOGAN	TOM.HOGAN@STATE.MN.US	MHA EA DIRECTOR
2/10	Brooke Cunningham	brooke.cunningham@state.mn.us	MHA
2/10	Shireen Gandhi	shireen.gandhi@state.mn.us	DHS
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2/10	Elyse Bailey	elyse.bailey@state.mn.us	DHS
2/10			
2/10			

Committee: Health

Date and Time: Feb 10<sup>th</sup> 1pm