

**WAYS AND MEANS COMMITTEE**

**DATE OF MEETING:**

**PLEASE PRINT LEGIBLY** (or attach your business card)

(NOTE: The Permanent Rules of the House require "the name and address of each person, together with the name and address of the person, association on whose behalf the appearance is made".)

TESTIFIER'S NAME	<del>TESTIFIER'S ADDRESS</del>	APPEARING ON BEHALF OF (Name of Organization)	BILL NUMBER	ADDRESS OF ORGANIZATION	PHONE NUMBER:
Hannah LoPresto		VICTIM - SURVIVOR	HF3489		612-254-9960
Chad Clausen		Det. Eagan PD	HF3489	3830 Pilot Knob Rd Eagan MN 55122	651-383-5306
Joel Enders		LBO	SF856	Centennial Office Building	
Christian Larson		Legislative Budget Office (LBO)	SF856	1st Floor Centennial Office Building	651-284-6436
Jon Kelly		MDVA	HF3919	ISB	651-427-4025
Joel Glaser		AMPER	HF4591		651-587-5550

