

# Committee Testimony Sign-In Sheet

Please print. The information you provide is public information.

Date	Name	Phone and/or email	Organization and Title
3/5/2026	Valentina Stone	valentina.stone@state.mn.us	OLA, audit director
3.5.26	Lori Leyser	lori.leyser@state.mn.us	OLA - deputy leg. auditor
3/5/26	Shireen Gandhi		DHS
3/5/26	Judy Randall	judy.randall@state.mn.us	OLA - leg. Auditor

Committee: \_\_\_\_\_

Date and Time: \_\_\_\_\_