

# Commerce Committee Testimony Sign-In Sheet

Please print. The information you provide is public information.

Date	Name	Phone and/or email	Organization and Title
2/13/25	Bob Jacobs	651.382.7821	DPS Commission
2/13	Grace Arnold		Commerce
2/13	Aaron Cockin	612-859-2724	IFM

Committee: Commerce

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