# Commerce Committee
# Testimony Sign-In Sheet

Please print. The information you provide is public information.

| Date | Name | Phone and/or email | Organization and Title |
|---|---|---|---|
| 2/25 | Bob Jacobs | 651-382-7821 | DPS - Commissioner |
| 2/25 | Aaron Cocking | akcocking@insurancemn.org | IFM |
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Committee: Commerce  Date and Time: _____

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# Testimony Sign-In Sheet

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| Date | Name | Phone and/or email | Organization and Title |
|---|---|---|---|
| 2/25 | Grace Arnold | | Commerce |
| 2/25 | Drew Evans | | MN BCA |
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Committee: Commerce  Date and Time: _____