

COMMITTEE ON

DATE OF MEETING: 02/17/25

PLEASE PRINT LEGIBLY (or attach your business card)

(NOTE: The 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	TESTIFIER'S ADDRESS	APPEARING ON BEHALF OF (Name of Organization)	BILL NUMBER	ADDRESS OF ORGANIZATION	PHONE NUMBER:
John Doe	1234 5 th Ave E Suite #301 St Paul, MN 55155	Minnesota Association of Does	HF XXX	100 Constitution Ave St Paul, MN 55155	651-555-1234
Don Endresen	525 Park St, #140 St. Paul, MN	MN Council of Health Plans	HF 10		612-335-7920
Stu Lourey	305 Rosolawn Ave. E. St. Paul, MN	MN Farmers Union	HF 10		320-232-3047
Samantha Diaz	1670 Central Ave Minneapolis, MN 55403	SEIU-Local 26	HF 10		
Ursula PodawRuth	5816 91st Cres N Brooklyn Park, MN 55443	Minnesota Nurses Association	HF 10		
Kate Lynch	405 Woodruff Kosville 55113	SEIU AUA, H	HF 27		651-214-0425
Brenda Rudolph	8148 130th Ave Little Falls MN 56245	MN Farmer Union	HF 27		320-630-9485

Health Committee Testimony Sign-In Sheet

Please print. The information you provide is public information.

Date	Name	Phone and/or email	Organization and Title
2/17	Stephen Rubis	Stephen@almeidapa.com	Health Plan Partnership of MN

Committee: Health

Date and Time: Feb. 17, 1 pm