SUBCOMMITTEE ON LEGISLATIVE PROCESS REFORM

DATE OF MEETING: 10/24/19

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	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
PAT MURPHY	720 Edgan Ave. 5T. Pane, MN. 55117	CHIEF Cleak's Office		100 Constitution Ave. 51. Paul, MN.55165	651-296-07/ 651-201-802
Britta Reitan Sut Crossons	Centennial Office British	MMB			651-201-802
Scott CrosnousL	2 Pive Tree Or. Ardm Holls	AMSO		11	612-430 781(