

**AAP: Authorizer Contacts – Form 3**

<b>Name of Authorizer:</b>	Pillsbury United Communities
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Please list individuals involved with your organization’s authorizing operations at the time your AAP is submitted to MDE. This should include authorizing staff, officials, board/committee advisors or members and others serving in key authorizing roles with your organization. Add rows if necessary. Please note while this will not be posted on MDE’s website with your AAP, this information will be maintained at MDE and provided in response to public data requests.

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