

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: March 12, 2019

Name: Terrence O'Donnell

Are you representing: Yourself XXX Organization \_\_\_\_\_

Organization (If Applicable): \_\_\_\_\_

Position/Title: Legal/Legislative counsel to several Wind developers

Address: 150 East Gay Street, Suite 2400

City: Columbus State: OH Zip: 43215

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Do you wish to be added to the committee notice email distribution list? Yes \_\_\_\_\_ No \_\_\_\_\_

Business before the committee

Legislation (Bill/Resolution Number): \_\_\_\_\_

Specific Issue: Wind Energy

Are you testifying as a: Proponent n/a Opponent n/a Interested Party \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute? Yes XX No \_\_\_\_\_

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? \_\_\_\_\_

Please provide a brief statement on your position: n/a

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*