

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 3, 2019

Name: Lauren Manowar-Jones

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

Organization (If Applicable): JEDC

Position/Title: Director

Address: 77 S. High Street

City: Columbus State: OH Zip: 43215

Best Contact Telephone: (614) 466-5983 Email: lauren.jones@jedc.ohio.gov

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

Business before the committee

Legislation (Bill/Resolution Number): HB166

Specific Issue: JEDC budget

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

Will you have a written statement, visual aids, or other material to distribute? Yes \_\_\_\_\_ 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? 20 mins

Please provide a brief statement on your position:

*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.*