

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, February 20, 2017

Name: Dr. Richard Powers Sr

Organization (If Applicable): Grace Baptist Church

Position/title: Senior Pastor

Address: 3480 Laurel Road

City: Brunswick State: OH Zip: 44212

Telephone: 330-225-4366

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 36
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes No X

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5 Min

- *Committee Chair may limit testimony in the interest of time*