

# Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, February 20, 2017

Name: Dr. Terrell Hudson

Organization (If Applicable): Moraine Heights Baptist Church

Position/title: Pastor

Address: 5661 Munger Road

City: Dayton State: OH Zip: 45459

Telephone: 937-434-6658

Email:

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

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

Are You Testifying as a:

- Proponent: ☒
- Opponent: ☐
- Interested Party: ☐

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

Yes ☐ No ☒

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

How much time will your testimony require?

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