

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 14, 2017

Name: Michael Gross

Organization (If Applicable): Convention of States

Position/title:

Address: 1 Balfour Green

City: New Albany State: OH Zip: 43054

Telephone: 614-354-4262

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- 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 X No

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

How much time will your testimony require? 3 minutes

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