

# Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 28, 2017

Name: Robert Kelly

Organization (If Applicable): Convention of States Action

Position/title: General Counsel

Address: 100 Congress Ave., Suite 2000

City: Austin      State: TX      Zip: 78701

Telephone: 949-616-9566

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? 15 Minutes

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