

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 20, 2017

Name: Laura Burns

Organization (If Applicable): Moms Clean Air Force Ohio

Position/title: Regional Field Director

Address: 257 Park Avenue South

City: New York City State: NY Zip: 10010

Telephone: 419-989-0936

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 114
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- 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?

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