

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, November 27, 2017

Name: Matt Nolan

Organization (If Applicable): County Auditors of Ohio

Position/title: Warren County Auditor

Address: 66 East Lynn Street

City: Columbus State: OH Zip: 43215

Telephone: 6142282226

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 371
- 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 No X

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

How much time will your testimony require? 10 mins

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