

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, June 05, 2019

Name: Dr. Mary Dixon

Organization (If Applicable): Constituent from Gahanna

Position/title:

Address:

City: State: OH Zip:

Telephone:

Email:

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 178
- 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*