

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 04, 2019

Name: Terry Fleming

Organization (If Applicable): Midwest Independent Retailers Association

Position/title:

Address: 2614 Edington Rd.

City: Upper Arlington State: OH Zip: 43221

Telephone: 614-205-0554

Email: tpf44@aol.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 62
- 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*