

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, May 29, 2019

Name: Michael Shields

Organization (If Applicable): Policy Matters Ohio

Position/title: Researcher

Address: 3631 Perkins Ave. Ste. 4C East

City: Cleveland State: OH Zip: 44114

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 80
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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?

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