

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, November 12, 2019

Name: Steve Wagner

Organization (If Applicable): Universal Health Care Action Network of Ohio

Position/title: Executive Director

Address: 360 S. Third St.

City: Columbus State: OH Zip: 43215

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Email: swagner@uhcanohio.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 388
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- 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*