

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, October 30, 2019

Name: Troy Doucet

Organization (If Applicable):

Position/title: Attorney at Law, Doucet Gerling Co CPA

Address: 655 Metro Place South

City: Dublin State: OH Zip: 43017

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Email: troy@doucet.law

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 38
- 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? 7 minutes

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