

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, November 19, 2019

Name: Richard Payne

Organization (If Applicable): National Federation of the Blind of Ohio

Position/title:

Address: 1019 Wilmington ave

City: State: OH Zip: 45420

Telephone: 937-829-3368

Email: rchpay7@gmail.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 214
- 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*