

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, November 10, 2020

Name: Timothy Johnson

Organization (If Applicable): Ohio Poverty Law Center

Position/title: Policy Advocate

Address: 1108 City Park Avenue, Suite 200

City: Columbus State: OH Zip: 43202

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 443
- 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*