

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, June 12, 2019

Name: Tim Keen

Organization (If Applicable): Ohio Auditor of State

Position/title: Chief Financial Officer/Senior Advisor

Address: 88 E. Broad St.

City: Columbus State: OH Zip: 43215

Telephone: 614-728-7109

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): S. B. No. 120
- 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 X

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 10 minutes

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