

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, April 08, 2019

Name: Ryan Jenkins

Organization (If Applicable): Pickerington City Schools

Position/title: Treasurer

Address:

City: Pickerington State: OH Zip: 43147

Telephone:

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 75
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- 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?

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