



**Ways & Means Committee**  
Rep. Derek Merrin, Chairman

## WITNESS INFORMATION FORM

Date: 11/5/19

Name: Julie Moore

Are you representing: Yourself \_\_\_\_\_ Organization  \_\_\_\_\_

Organization (If Applicable): Pregnacy Decision Health Center

Position/Title: President

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Telephone: 614.888.8774 Email: \_\_\_\_\_

Do you wish to be added to the committee notice email distribution list? Yes \_\_\_\_\_ No  \_\_\_\_\_

Business before the committee

Legislation (Bill/Resolution Number): HB 297

Specific Issue: \_\_\_\_\_

Are you testifying as a: Proponent  \_\_\_\_\_ Opponent \_\_\_\_\_ Interested Party \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? \_\_\_\_\_

Comments:

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and m*