

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, November 16, 2021

Name: Julie Chase-Morefield

Organization (If Applicable): Second Harvest Food Bank of North Central Ohio

Position/title: President & CEO

Address: 5510 Baumhart Rd

City: Lorain State: OH Zip: 44053

Telephone: 4409602265

Email: jmorefield@secondharvestfoodbank.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. R. No. 75
- 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 X No

(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*