

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, October 12, 2021

Name: John Cobey

Organization (If Applicable): Todd, Kite & Stanford, LLC.

Position/title: Member

Address: 250 East Fifth Street

City: Cincinnati State: OH Zip: 45202

Telephone: 513-421-4020

Email: jcobey@ctks.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 339
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- 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? 5 mins

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