

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, April 12, 2021

Name: Stephanie Douglas

Organization (If Applicable):

Position/title:

Address: 1507 23rd St NW

City: Canton State: OH Zip: 45709

Telephone: (330) 409-3926

Email: douglas.262@buckeyemail.osu.edu

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 99
- 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?

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