

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, April 21, 2021

Name: T. Nicole Taylor

Organization (If Applicable): Cincinnati NAACP

Position/title: First Vice President/Political Action Chair

Address: 5401 Bluebird Lane

City: Cincinnati State: OH Zip: 45239

Telephone: 5133714136

Email: tnicoletaylor23@gmail.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 22
- 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 X 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*