

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, May 25, 2021

Name: Mike Rodgers

Organization (If Applicable): Ohio Attorney General's Office

Position/title: Director of Policy and Legislation

Address: 30 E. Broad Street, 17th Floor

City: Columbus State: OH Zip: 43215

Telephone: 614-309-1009

Email: michael.rodgers@ohioago.gov

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): Sub. S. B. No. 36
- 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 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*