

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, June 09, 2021

Name: Carolyn Mangas & Mark Willis

Organization (If Applicable): Ohio Insurance Agents

Position/title: Govt. Affairs Manager; Member insurance agent

Address: 175 South Third Street, Suite 940

City: Columbus State: OH Zip: 43215

Telephone: (614) 439-6768

Email: carolyn@ohioinsuranceagents.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 283
- 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?

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