

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, September 21, 2021

Name: Richard Clark

Organization (If Applicable):

Position/title:

Address: 2145 West 18th Street

City: State: OH Zip: 44113

Telephone: 216-644-5341

Email: rclark@jcu.edu

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 183
- 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*