

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, October 19, 2021

Name: Larke Recchie

Organization (If Applicable): Ohio Association of Area Agencies on Aging

Position/title: CEO

Address: 1263 East Broad St

City: Columbus State: OH Zip: 43205

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): S. B. No. 54
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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*