

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Thursday, December 01, 2022

Name: James Moyer

Organization (If Applicable):

Position/title:

Address: 7271 Lonesome Pine

City: Medina State: OH Zip: 44256

Telephone: (330)242-3657

Email: james@moyer.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 294
- 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*