

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying.

Date: Feb 15th, 2021
Name: Larissa Blais
Are you representing: Yourself Organization
Organization (If Applicable): _____
Position/Title: Ohio resident
Address: 18210 Fernway Rd
City: Shaker Heights State: Ohio Zip: 44122
Best Contact Telephone: 216-650-4488 Email: larzanna80@gmail.com
Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee
Legislation (Bill/Resolution Number): HB 90
Specific Issue: Urge yes vote, see email testimony

Are you testifying as a: Proponent Opponent Interested Party
Will you have a written statement, visual aids, or other material to distribute? Yes No
(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)
How much time will your testimony require? _____

Please provide a brief statement on your position:
Vote yes on HB 90
See email body for written statement.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.