

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: September 20, 2021
Name: Ashok K. Gupta
Are you representing: Yourself Organization
Organization (If Applicable): _____
Position/Title: _____
Address: 30 Cable Ln.
City: Athens State: OH Zip: 45701
Best Contact Telephone: 740-707-9008 Email: gupta@ohio.edu
Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HB 327

Specific Issue: _____

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? 5 minutes

Please provide a brief statement on your position:

I oppose House Bill 327

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.