

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, June 08, 2021

Name: Susan Wallace

Organization (If Applicable): Leading Age Ohio

Position/title: Chief Policy Officer

Address: 2233 North Bank Dr

City: Columbus State: OH Zip: 43202

Telephone: 6145814663

Email: swallace@leadingageohio.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 138
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes No X

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? N/A

- *Committee Chair may limit testimony in the interest of time*