

HEALTH COMMITTEE

WITNESS FORM

Today's Date: October 26, 2021

Name: Gabriel Vance

Address: P.O. Box 360502 Columbus, OH 43236

Telephone: <u>740-972-2570</u>

Organization Representing: Created Equal

Testifying on bill number: S. B. No. 123

Testimony: <u>X</u> Verbal <u>Written</u> Both

Testifying as: ____ Sponsor _X_ Proponent ____ Opponent ____ Interested Party

Are you a registered lobbyist? YES _X_NO

Special Requests:

Written testimony is a public record and may be posted on the Ohio Senate's website