Witness Information Form Please Complete the Witness Information Form Before Testifying

Date: Tuesday, February 28, 2023

Name: Eric Palmer

Organization (If Applicable):

Position/title:

Address:

City: State: OH Zip:

Telephone: (513) 898-2208

Email: ericpalmer@zoomtown.com

Are You Representing: Yourself X Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 35
- 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 X No

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

How much time will your testimony require? 5-10 minutes

Committee Chair may limit testimony in the interest of time