WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/18/24
Name: Chris Graham
Are you representing: Yourself 🗹 Organization 🗌
Organization (If Applicable):
Position/Title:
Address:
City: State: Zip:
Best Contact Telephone: 614-943-9214 Email: chris@chrisgrahamcoaching.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 281
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? 12 minutes
Please provide a brief statement on your position:
I am against Ohio becoming the first state in the US to require a criminal convinction for a civil case to go forward.

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.