

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, December 04, 2023

Name: Mary Macdonald

Organization (If Applicable): The Ohio Craft Brewers Association

Position/title: Executive Director

Address: PO Box 8249

City: Columbus State: OH Zip: 43215

Telephone: 614.507.1050

Email: mary@ohiocraftbeer.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 306
- 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 minutes

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