

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, May 09, 2023

Name: Nicole Schultz

Organization (If Applicable):

Position/title:

Address: 1047 Sun Ridge St

City: Lancaster State: OH Zip: 43130

Telephone: (740) 789-0437

Email: nhayborn@gmail.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 111
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- Opponent: ☐
- Interested Party: ☐

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

Yes ☐ 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*