

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, April 30, 2024

Name: Sarah Graves

Organization (If Applicable): Jimsco Inc dba Taylorsville Road Hardfill

Position/title: Office Manager

Address: 4252 Taylorsville Rd

City: Huber Heights State: OH Zip: 45424

Telephone: 9372337450

Email: sarah@hemmelgarnservices.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): Sub. S. B. No. 119
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- 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?

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