

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, April 19, 2023

Name: Larry Mitchell

Organization (If Applicable): League of Ohio Sportsmen

Position/title: Director

Address: 2400 Briggs Road

City: Columbus State: OH Zip: 43223

Telephone: 614-736-0002

Email: lmitchell1@ameritech.net

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 33
- 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 X No

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

How much time will your testimony require? 5 min.

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