

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Thursday, April 20, 2023

Name: Corey Hamilton, MS, RD, LD

Organization (If Applicable): Association of Ohio Health Commissioners

Position/title: President-Elect

Address: 110 A Northwoods Blvd.

City: Columbus State: OH Zip: 43235

Telephone: 614-832-0336

Email: aohe_1@aohe.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:
- Interested Party: X

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?

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