

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 06, 2023

Name: Kim Arnold

Organization (If Applicable):

Position/title: President/CEO

Address: 5442 Baneberry Ave

City: Columbus State: OH Zip: 43235

Telephone:

Email:

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 51
- 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?

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