

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, June 03, 2024

Name: Dara Adkison

Organization (If Applicable): TransOhio

Position/title: Executive Director

Address: PO Box 18272

City: Cleveland State: OH Zip: 44118

Telephone: 2163092318

Email: dara@transohio.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 471
- 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*