

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 20, 2023

Name: Matthew Mangine Sr.

Organization (If Applicable): Matthew Mangine Jr. Foundation

Position/title: President

Address: 812 Johnstown Court

City: Union State: KY Zip: 41091

Telephone: 859-802-2525

Email: matt.mangine@gmail.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 47
- 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? 2 minutes

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