

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, May 08, 2023

Name: James McGuire

Organization (If Applicable):

Position/title: University Faculty

Address: 152 W. Grayling Dr.

City: Fairlawn State: OH Zip: 44333

Telephone: 330-612-5969

Email: jpmcg3@mail.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 151
- 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? 5 Mintues

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