

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, June 14, 2023

Name: Joseph P. Heremans

Organization (If Applicable): Gonio Tech LLC; and the Ohio State University

Position/title: Founder; and Professor

Address: 4475 Langport Road

City: Upper Arlington State: OH Zip: 43220

Telephone: 614-312-7183

Email: heremans.1@osu.edu

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? Written only

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