

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, October 10, 2023

Name: Rachel Ryan

Organization (If Applicable):

Position/title:

Address: 370 S 5th St

City: Columbus State: OH Zip: 43215

Telephone:

Email: rachelr240@gmail.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 183
- 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 minutes

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