

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, February 06, 2024

Name: Thomas Austin

Organization (If Applicable): Ohio Patrolmen's Benevolent Association

Position/title: Executive Director

Address:

City: State: OH Zip:

Telephone: 440-237-7900

Email: Taustin@opba.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 296
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- 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*