

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 20, 2023

Name: G. Robert Bowers

Organization (If Applicable):

Position/title:

Address: 6000 Riverside Dr. B-432

City: Dublin State: OH Zip: 43017

Telephone: 614-389-4868

Email: grobertbowers35@gmail.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 12
- 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?

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