

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, December 11, 2023

Name: Thomas Jensen

Organization (If Applicable): MAZU, LLC

Position/title: Co-Owner/Member

Address: 121 Cliff St.

City: Yellow Springs State: OH Zip: 45387

Telephone: 937-414-2266

Email: tkensen89@gmail.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 171
- 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?

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