

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, September 19, 2023

Name: Aaron Brown

Organization (If Applicable): IBEW

Position/title: International Representative

Address:

City: Canton State: OH Zip: 44706

Telephone: 330.232.1896

Email: aaron_brown@ibew.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 197
- 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*