WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

| Date: 6/24/2024 (Testimony date of 6/25/2024) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: James Jacob Skelton |
| Are you representing: Yourself 🗸 Organization 🗌 |
| Organization (If Applicable): |
| Position/Title: |
| Address: 8758 Eaton Drive |
| City: Sagamore Hills State: Ohio Zip: 44067 |
| Best Contact Telephone: 216-785-5226 Email: Jakeskelton1@gmail.com |
| Do you wish to be added to the committee notice email distribution list? Yes 🗸 No 🗌 |
| Business before the committee |
| Legislation (Bill/Resolution Number): HB 599 |
| Specific Issue: Designating Walleye as the Official State Fish |
| Are you testifying as a: Proponent 🗸 Opponent 🗌 Interested Party 🗌 |
| Will you have a written statement, visual aids, or other material to distribute? Yes ☐ No ✓ |
| (If yes, please send an electronic version of the documents, if possible, to the Chair's office prio to committee. You may also submit hard copies to the Chair's staff prior to committee.) |
| How much time will your testimony require? 5 minutes |
| |
| Please provide a brief statement on your position: |
| I am coming to testify in favor of designating the Walleye as the Official State Fish of Ohio. |
| |

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.