

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Friday, March 10, 2023

Name: Sara Eppard

Organization (If Applicable): Dungarvin Ohio, LLC

Position/title: State Director

Address: 294 E. Campus View Blvd

City: Columbus State: OH Zip: 43235

Telephone: 6145478409

Email: seppard@dungarvin.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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*