

HEALTH COMMITTEE

WITNESS FORM

Today's Date: December 05, 2023

Name: Lisa Tennenbaum

Address:

Telephone:

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Testifying on bill number: Am. H. B. No. 47

Testimony: ____Verbal _X_Written ____Both

Testifying as:	Sponsor	X Proponent	Opponent	Interested Party
restriying us.				

Are you a registered lobbyist? ____YES ___X_NO

Special Requests:

Written testimony is a public record and may be posted on the Ohio Senate's website