



## HEALTH COMMITTEE

### WITNESS FORM

Today's Date: December 05, 2023

Name: Lindsay Davis

Address:

Telephone:

Organization Representing: Self

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

Testimony: ☒ Verbal ☐ Written ☐ Both

Testifying as: ☐ Sponsor ☒ Proponent ☐ Opponent ☐ Interested Party

Are you a registered lobbyist? ☐ YES ☒ NO

Special Requests:

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