

INSURANCE COMMITTEE

WITNESS FORM

Today's Date: June 20, 2023

Name: Angela Harrington

Address:

Telephone:

Organization Representing: Union Benefits Trust

Testifying on bill number: S. B. No. 115

Testimony: ____Verbal _X_Written ____Both

Testifying as: ____ Sponsor ____ Proponent ____ X_Opponent ____ Interested Party

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