

	<p>MEDICAID COMMITTEE</p>
	<p>Witness Form</p>

Today's Date _____

Name: _____

Address: _____

Telephone: _____

Organization Representing: _____

Testifying on Bill Number: _____

Testimony: Verbal Written Both

Testifying As: 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