

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, February 26, 2025

Name: Eva Bloom - SE OH Foodbank

Organization (If Applicable): SE OH Foodbank

Position/title: Director of Development

Address:

City: Logan State: OH Zip: 43138

Telephone: 740-767-1022

Email: eva.bloom@hapcap.org

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: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X 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*