

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 17, 2025

Name: Chris Ross

Organization (If Applicable): Sunrise Recovery

Position/title: Community Outreach Coordinator and Marketing Director

Address: 132 East Main Street

City: Lancaster State: OH Zip:

Telephone: 740-901-9330

Email: chris@sunriserecoveryllc.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 58
- 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 No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5 minutes

- *Committee Chair may limit testimony in the interest of time*