

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, February 24, 2025

Name: Torey Hollingsworth

Organization (If Applicable): Ohio CDC

Position/title: Executive Director

Address: 100 E Broad St #2350

City: Columbus State: OH Zip: 43215

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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:
- Opponent:
- Interested Party: X

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? 10 Minutes

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