

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Friday, March 07, 2025

Name: Jane Anderson

Organization (If Applicable): CHOICES Inc.

Position/title: Executive Director

Address: 4010 Executive Park Dr.

City: Cincinnati State: OH Zip: 45241

Telephone: 937-264-0084

Email: janderson@choicesohio.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 96
- 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? 5 Minutes

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