

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 11, 2025

Name: Tara Goode

Organization (If Applicable): Climavision

Position/title: Vice President of Strategic Partnerships and Radar Operations

Address: 552 E. Market St.

City: Lousville State: KY Zip: 40202

Telephone: 330.853.3482

Email:

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:
- 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? 3 Minutes

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