

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 11, 2025

Name: Sarah Davis

Organization (If Applicable):

Position/title:

Address: 505 Thackeray Rd.

City: Maumee State: OH Zip: 45437

Telephone: 419.367.0997

Email: sarah.millimen@gmail.com

Are You Representing: Yourself Organization

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:

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?

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