

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, March 12, 2025

Name: Michelle Brown

Organization (If Applicable): Children's Hunger Alliance

Position/title: President & CEO

Address: 1105 Schrock Road, Suite 505

City: Columbus State: OH Zip: 43229

Telephone: 614.502.7525

Email: mbrown@childrenshungeralliance.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 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*