

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Friday, April 04, 2025

Name: Kathryn Garvey

Organization (If Applicable):

Position/title:

Address: 70 E Washington St

City: Chagrin Falls State: OH Zip: 44022

Telephone: 216-401-7735

Email: ksgarvey@yahoo.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*