

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, April 29, 2025

Name: Tod Bowen

Organization (If Applicable): Ohio Restaurant & Hospitality Alliance

Position/title: Managing Director, Government and External Affairs

Address: 100 E Campus View Boulevard

City: Columbus State: OH Zip: 43235

Telephone: 614-296-2310

Email: tbowen@ohiorestaurant.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 198
- 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? 3-5 minutes

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