

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 03, 2025

Name: Rita Williams

Organization (If Applicable):

Position/title:

Address: 528 E. Garfield Rd.

City: Aurora State: OH Zip: 44202

Telephone: 216-990-3328

Email: ritahwms@gmail.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number):
- 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*