

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, March 05, 2025

Name: Tara Bair

Organization (If Applicable): Community Health and Wellness Partners

Position/title: President & CEO

Address: 212 E. Columbus Ave, Suite 1

City: Bellfontaine State: OH Zip: 43311

Telephone: 937-599-1411

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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? 5 minutes

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