

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, March 05, 2025

Name: Connie Farley

Organization (If Applicable):

Position/title: Individual with a disability

Address: 3118 Pekin Rd

City: Waynesville State: OH Zip: 45068

Telephone: 937-763-2035

Email: cifraley@yahoo.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? 5 minutes

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