## Witness Information Form

## Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 18, 2025

Name: Stephane Lavertu

Organization (If Applicable):

Position/title: Professor of Public Policy, The Ohio State University

Address: 3811 Davidson Rd

City: Hilliard State: OH Zip: 43026

Telephone: 216-659-0090

Email: lavertu.1@osu.edu

Are You Representing: Yourself X Organization

Do You Wish to Testify On:

- Legislation (bill number): Sub. S. B. No. 1
- 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?

• Committee Chair may limit testimony in the interest of time