

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, March 19, 2025

Name: Greg Lawson

Organization (If Applicable): The Buckeye Institute

Position/title: Research Fellow

Address: 88 E. Broad St.

City: Columbus State: OH Zip: 43215

Telephone: 614-224-4422

Email: greg@buckeyeinstitute.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

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