

MEDICAID COMMITTEE

WITNESS FORM

Today's Date: May 05, 2025

Name: Jennifer Smith

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Email:

Organization Representing: <u>Cleveland Hearing and Speech Center</u>

Testifying on bill number: Am. Sub. H. B. No. 96

Testimony: _X_Verbal ___Written ___Both

Testifying as: ____ Sponsor ____ Proponent ____ Opponent ___X_ Interested

Party

Are you a registered lobbyist? ____YES ___X_NO

Special Requests:

Written testimony is a public record and may be posted on the Ohio Senate's website