

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, May 20, 2015

Name: Bill Faith

Organization (If Applicable): COHHIO - Coalition on Homelessness and Housing in Ohio

Position/title: Executive Director

Address: 175 S. Third St., Suite 250

City: Columbus State: OH Zip: 43215

Telephone: 614.280.1984

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 149
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- 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? 8 minutes

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