

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, January 16, 2018

Name: Jennifer Popik, J.D.

Organization (If Applicable): National Right to Life

Position/title: Legislative Counsel

Address:

City: State: OH Zip:

Telephone:

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- **Legislation (bill number): S. B. No. 145**

- **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 No X

(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*