Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, October 10, 2017

Name: Madeline Fleisher

Organization (If Applicable): Environmental Poverty Law Center

Position/title: Senior Attorney

Address: 21 W Broad St, 8th Floor

City: Columbus State: OH Zip: 43215

Telephone: 614-569-3827

Email:

Are You Representing: Yourself Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 239
- 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?

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