

HEALTH, HUMAN SERVICES AND MEDICAID COMMITTEE

WITNESS FORM

Today's Date: June 24, 2020

Name: Sarah Barry
Address:
Telephone:
Organization Representing: <u>Citizen of Ohio</u>
Testifying on bill number: S. B. No. 311
Testimony: Verbal Written _X_ Both
Testifying as: Sponsor Proponent OpponentX_ Interested Party
Are you a registered lobbyist?YESX_NO
Special Requests: