

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, May 18, 2022

Name: Elizabeth Lair

Organization (If Applicable):

Position/title:

Address: 728 Clinton Ave

City: Hamilton State: OH Zip: 45015

Telephone: 513-266-9363

Email: laireg87@gmail.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 496
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes 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*