

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, November 30, 2022

Name: Cheryl Steiner

Organization (If Applicable):

Position/title:

Address:

City: State: OH Zip:

Telephone: 330-957-2262

Email: cherylsteiner74@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*