

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, December 13, 2022

Name: Kristen Smith

Organization (If Applicable):

Position/title:

Address: 13819 Mt. Eaton Rd.

City: Doylestown State: OH Zip: 44230

Telephone: (330) 459-3032

Email: kris10.ann.smith@gmail.com

Are You Representing: Yourself ☒ Organization

Do You Wish to Testify On:

- Legislation (bill number): Sub. S. B. No. 178
- 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? 3 minutes

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