

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, June 14, 2021

Name: State Representative Lepore-Hagan

Organization (If Applicable): Ohio House of Representatives

Position/title: State Representative

Address: 77 S High St

City: Columbus State: OH Zip: 43215

Telephone: 614-466-9435

Email: rep58@ohiohouse.gov

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 330
- 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*