

	<h1 style="text-align: center;">MEDICAID COMMITTEE</h1>
	<p style="text-align: center;">Witness Form</p>

Today's Date _____

Name: _____

Address: _____

Telephone: _____

Organization Representing: _____

Testifying on Bill Number: _____

Testimony: _____ Verbal _____ Written _____ Both

Testifying As: _____ Proponent _____ Opponent _____ Interested Party

Are you a Registered Lobbyist? _____ Yes _____ No

Special Requests: _____

Written testimony is a public record and may be posted on the Ohio Senate's website