

Co-Chair  
Charleta B. Tavares  
Assistant Minority Leader  
15<sup>th</sup> Senate District



Co-Chair  
William G. Batchelder, Speaker  
69<sup>th</sup> House District

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: 3/13/14  
Name: Steven M. Steinglass  
Organization (If Applicable): ~~Sen~~ OCMC  
Position/title: Senior Policy Advisor  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Are You Representing: Yourself \_\_\_\_\_ Organization \_\_\_\_\_

Do You Wish to Testify On:

- Specific issue: \_\_\_\_\_
- Subject matter: \_\_\_\_\_

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*