



OHIO REDISTRICTING COMMISSION

Please complete the Witness & Media Information Form before testifying/recording

Date of hearing/meeting: 9/9/21 Location: State House

Name: ARIUNAA BAYANTARGAC

Are you representing: Yourself: [checked] Organization: [ ]

Organization (If Applicable):

Position/Title:

Address: 2213 Century Dr

City: Columbus State: OH Zip: 43211

Telephone: (312) 823-8150 Email: ariunaa.bayan@gmail.com

Will you have a written statement, visual aids, or other material to distribute?

Yes: [ ] No: [checked] (If yes, please provide written or electronic copies to the co-chair)

Please be advised that witnesses may be asked to limit their testimony in the interest of other witnesses and time constraints of the Commission and pursuant to Commission rules.

Media Only
If you are present on behalf of a media organization, please indicate your request to record:
Audio record: [ ] Video record: [ ] Broadcast/Streaming: [ ]

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