OHIO HOUSE OF REPRESENTATIVES 137TH G. A. MEMBER INFORMATION FORM

PERSONAL INFORMATION:

Name (as you want it to appear in official publications): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Number (in case of session cancellation): _____

Home Email: _____

Occupation: _____ Business Name: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____ Children: _____

EMERGENCY CONTACTS: Please list in the order you would like contacted in case of an emergency.

1. Name _____ Relationship _____
   Home phone _____ Work/cell phone _____
2. Name _____ Relationship _____
   Home phone _____ Work/cell phone _____
3. Name _____ Relationship _____
   Home phone _____ Work/cell phone _____

EDUCATION: _____

_____

MEMBERSHIPS & AFFILIATIONS: _____

_____

_____

AWARDS & ACCOMPLISHMENTS: _____

_____

_____

GOVERNMENT EXPERIENCE:

Number of Terms _____ Party _____ District Number _____

District Counties _____ Hometown _____

Previous Government Experience _____

_____

I hereby understand that the information I have provided on this form is accurate and represents what I want to appear in 137th General Assembly's publications and website.

Signature _____ Date _____