

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: October 22, 2019 \_\_\_\_\_

Name: Don Bryant \_\_\_\_\_

Are you representing: Yourself  Organization \_\_\_\_\_

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 4053 Akins Road \_\_\_\_\_

City: North Royalton \_\_\_\_\_ State: Ohio \_\_\_\_\_ Zip: 44133 \_\_\_\_\_

Best Contact Telephone: 216.255.1576 \_\_\_\_\_ Email: email.donbryant@gmail.com \_\_\_\_\_

Do you wish to be added to the committee notice email distribution list? Yes  No \_\_\_\_\_

Business before the committee

Legislation (Bill/Resolution Number): HCR11 \_\_\_\_\_

Specific Issue: Recognize Jerusalem as capital of Israel \_\_\_\_\_

Are you testifying as a: Proponent \_\_\_\_\_ Opponent  Interested Party \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute? Yes \_\_\_\_\_ No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? \_\_\_\_\_

Please provide a brief statement on your position:

Ohio has no authority nor purpose to interfere with international law that identifies Jerusalem as an international city and joint capital of Israel and Palestine. This resolution is biased towards the oppressive apartheid state of Israel and is cooperating with the ethnic cleansing of the indigenous Palestinian people in Israel and Palestine.

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*