WITNESS INFORMATION FORM
HOUSE PUBLIC UTILITIES COMMITTEE
REPRESENTATIVE JAMIE CALLENDER, CHAIRMAN

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: 11/18/19

NAME: Sarah C. Brower

ORGANIZATION: (IF APPLICABLE) ________________________________

POSITION/TITLE: ________________________________

ADDRESS: 1430 W 10TH ST

CITY: Ashland STATE: OH Zip 44004

TELEPHONE: 440-344-6061

ARE YOU REPRESENTING: YOURSELF X ORGANIZATION ________

DO YOU WISH TO TESTIFY ON

LEGISLATION: SB33

SPECIFIC ISSUE: protection of critical infrastructure

SUBJECT MATTER: legal penalties

PLEASE INDICATE YOUR POSITION ON THE BILL

PROponent: ________

OPponent: X ________

INTERESTED PARTY: ________

PLEASE GIVE A BRIEF STATEMENT OF THE GROUNDS ON WHICH YOU FAVOR OR OPPOSE SUCH ENACTMENT: This bill is a threat to 1st Amendment rights & would severely limit the people's ability to organize & voice dissent. I strongly oppose.

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE? YES NO X

(IF YES, PLEASE PROVIDE COPIES TO THE CHAIRMAN OR SECRETARY)

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? N/A