

**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 10<sup>th</sup> ST

CITY: Ashtabula STATE: OH Zip 44004

TELEPHONE: 440-344-6061

ARE YOU REPRESENTING: YOURSELF  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:  \_\_\_\_\_

INTERESTED PARTY: \_\_\_\_\_

PLEASE GIVE A BRIEF STATEMENT OF THE GROUNDS ON WHICH YOU FAVOR OR OPPOSE SUCH

ENACTMENT: This bill is a threat to 1<sup>st</sup> Amendment rights & would severely limit the peoples' ability to organize & voice dissent. I strongly oppose.

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE?

YES \_\_\_ NO

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

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? N/A