

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

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: 18 Nov 19

NAME: Dr. T Gallo

ORGANIZATION: (IF APPLICABLE) Ashtabula County Water Wtdh

POSITION/TITLE: Nurse Practitioner

ADDRESS: 831 Morton Drive

CITY: Ashtabula, STATE: OH Zip 44004

TELEPHONE: 419.312.5400

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:

I strongly oppose the bill because it includes language that infringes on 1st amendment rights by imposing severe punishment for acts of civil disobedience.

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?