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

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: 01/28/2020

NAME: Marsha Whitton Nagy

ORGANIZATION: NA

(If Applicable)

POSITION/TITLE: Retired Teacher; Fulltime Farmer

ADDRESS: 33966 TR 447

CITY: Rutland STATE: OH ZIP: 45775

TELEPHONE: ________________

ARE YOU REPRESENTING: YOURSELF ORGANIZATION

DO YOU WISH TO TESTIFY ON

LEGISLATION (BILL NUMBER): Sb 33

SPECIFIC ISSUE: ___________

SUBJECT MATTER: ___________

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:

IT IS A BILL THAT IS REDUNDANT, INFRINGES ON FIRST AMENDMENT RIGHTS, GIVES UNDO PROTECTION TO AN INDUSTRY THAT IS KILLING IS ENDANGERING WATER, SOIL, AIR, AND HUMAN BODIES. THE BILL IS OVERREACH AND INTIMIDATES LAW ABIDING CITIZENS FROM PARTICIPATING IN THE DEMOCRATIC PROCESS.

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? _____________________