

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, July 05, 2017

Name: Michele Mueller

Organization (If Applicable): Moms Demand Action for Gun Sense in America

Position/title: Local Group Lead for Cincinnati, Ohio

Address: 504 Heritage Square

City: Harrison State: OH Zip: 45030

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 233
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5 Minutes

- *Committee Chair may limit testimony in the interest of time*