## WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/13/18		
Name: Ben Shapiro		
Are you representing:	YourselfX	Organization
Organization (If Appl	icable):	
Position/Title:		
Address:		
City:	State:	Zip:
Best Contact Telepho	ne: <u>330-219-1792</u>	Email: aaronbaer@ccv.org
Do you wish to be add	led to the committe	e notice email distribution list? Yes No X
Business before the co	ommittee	
Legislation (Bi	ll/Resolution Numb	er): <u>HB 758</u>
Specific Issue:	Free speech on univ	ersity campuses
Are you testifying as a	ı: Proponent _X	Opponent Interested Party
Will you have a writte	en statement, visual :	aids, or other material to distribute? YesNo X
• •		f the documents, if possible, to the Chair's office prior copies to the Chair's staff prior to committee.)
How much time will y	our testimony requ	ire? 20 minutes approximately
Please provide a brief	statement on your p	position:
HB 758 will protect th	ne 1st amendment on	college and university campuses.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.