

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 12/2/2020 _____

Name: Pat Krummrich _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): _____

Position/Title: _____

Address: 6100 Vincine Circle NW _____

City: Canton State: OH Zip: 44718 _____

Best Contact Telephone: 330-495-8788 Email: pak511wl@gmail.com _____

Do you wish to be added to the committee notice email distribution list? Yes _____ No

Business before the committee

Legislation : HB 796 _____

Are you testifying as a: Proponent _____ Opponent Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes _____ No _____

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require: Written Testimony _____

Please provide a brief statement on your position:

I am a retired medical provider, substitute teacher, high school volleyball coach and bereaved mother of a 15 year old daughter. I am disheartened and angry over your attempt to push this dangerous bill through the House during Lane Duck, at a time when few citizens can safely appear before you to testify against it. This bill will directly contribute to gun deaths in Ohio, Vote NO on HB 796

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.