

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: December 8, 2020

Name: Mimi Karon

Are you representing: Yourself Organization
XX

Organization (If Applicable):

Position/Title:

Address: 4850 Glengary Lane

City: State: Zip: Pepper Pike OH 44124

Best Contact Telephone: 216-990-6873 Email: mimikaron@gmail.com

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

Business before the committee

Legislation (Bill/Resolution Number): HB9796

Specific Issue: Removal of Duty to Retreat

Are you testifying as a: Proponent Opponent Interested Party
 X

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

(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 only

Please provide a brief statement on your position: I am very opposed to HB976 because all data shows that states that have this type of legislation see an increase in gun violence. I don't want

this in our state.

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.