

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 12/8/2020 _____

Name: William Koltek _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): _____

Position/Title: _____

Address: 6393 Columbus Rd _____

City: Louisville _____ State: OH _____ Zip: 44641 _____

Best Contact Telephone: 330 9360708 Email: wtkoltek@aol.com _____

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

Business before the committee

Legislation (Bill/Resolution Number): HB 796 _____

Specific Issue: Stand Your Ground _____

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:

As a resident of a rural community, I strongly oppose HB 796. This bill will cause unnecessary deaths in Ohio.

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.