

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: June 4, 2019

Name: Anita Campbell

Are you representing: yourself Organization \_\_\_\_\_

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 1676 Woods Dr

City: Beavercreek State: Ohio Zip: 45432

Best Contact Telephone: 937-232-0597 Email: Smilestandard@gmail.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 178

Specific Issue: Unregulated concealed carry

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? 5 minutes.

Please provide a brief statement on your position:

Unregulated concealed carry increases the danger of gun violence toward American citizens in general, and the children in our schools specifically.

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.