

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/18/2020

Name: Robert B Ressler

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 16865 Burkhart Road

City: Orrville State: OH Zip: 44667

Best Contact Telephone: 330-464-3371 Email: BobR@RBRCconsulting.biz

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

Business before the committee

Legislation (Bill/Resolution Number): SB311

Specific Issue: Wrongful restrictions on personal liberty

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? N/A

Please provide a brief statement on your position:

I support SB311. The Governor and the department of health do not have the authority to mandate the restrictions they have imposed on the individuals and businesses in the state of Ohio. Their response to Covid-19 is worse than the disease. The restrictions they have imposed have caused more harm than the disease itself. I resent and reject the taking away of my personal liberties - unnecessary restrictions on a healthy person. I am free to pursue my own course to protect my health, as I so choose.

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.