

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 12/7/2020 _____

Name: Matt Harmon _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): _____

Position/Title: _____

Address: 6108 Vincine Cir. NW Canton, OH 44718 _____

Best Contact Telephone: 330-284-7828 _____ Email: monica.hannay@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): SB 383 _____

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:

I am an Ohio homeowner and father of 2. I strongly oppose Stand Your Ground in Ohio. Research and experience show that this bill would increase gun violence in our state. Vote No on SB 383.

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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.