

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2021 June 21st

Name: Gregory Klocek

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 10674 Trinity Church Rd

City: Lisbon State: Ohio Zip: 44432

Best Contact Telephone: 330-770-7446 Email: gklocek@outlook.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 152

Specific Issue: I am AGAINST the new Forced Pooling and proposed Lower Royalties,

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? none, this document is my voice AGAINST ...

Please provide a brief statement on your position: I am AGAINST all ... The new Forced Pooling, The reduced bonus %, reduced royalties, modifying of the original lease, forced NET leases, non-participation charges, trade-secret wells, virtual meetings, restrictions on the surface. We do not need another HOUSEHOLDER!

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.