

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 02.15.21

Name: David S. Krouse

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 26 First Street

City: Hubbard State: Ohio Zip: 44425

Best Contact Telephone: 443.312.9506 Email: dauidskrouse@gmx.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 90

Specific Issue: Perosnal liberties and freedom

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? 0

Please provide a brief statement on your position:

No elected official should ever have unbridled sweeping powers without checks and balances even during an "emergency". I never elected to have any official make my health decisions for me. They seem to be doing so without my permission. This is an unacceptable form of oppression and tyranny that no truly free person should ever condone.

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.