

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11-16-20

Name: Thomas Hach

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 11575 Fay Road

City: Concord State: OH Zip: 44077

Best Contact Telephone: 216-650-6707 Email: thomas.hach@eaglefiremail.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 618~~ SB 311

Specific Issue: Checks and Balances

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? Email only

Please provide a brief statement on your position:

One of the main concepts of our government system is the concept of checks and balances. The executive, legislative and judicial branches all have checks on one another. However in the case of the coronavirus affliction, the executive has assumed full control full control of the response without legislative input. This is unconstitutional.

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.