

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 16 June 2021

Name: Susan Bowers

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 1107 Lexington Ave

City: Dayton State: OH Zip: 45402

Best Contact Telephone: 3365018752 Email: solowolf_93@yahoo.com

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

Business before the committee

Legislation (Bill/Resolution Number): HB227

Specific Issue: Constitutional carry

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? 1 minute

Please provide a brief statement on your position:

As an Ohio citizen and longtime firearms owner, I'm writing to add my voice in defense of my right to use the most effective available methods to protect myself and my family. There have been too many failures at the federal level, especially in recent weeks, and Ohio as a state must step up to protect its citizens, the way many other states are now choosing to do. It's time to formally acknowledge our second amendment rights via law, by passing Constitutional Carry in Ohio.

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.