WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: <u>4/</u>	21/2021
	homas McKenney
Are you re	oresenting: Yourself 🗸 Organization 🗌
Organizati	on (If Applicable):
	tle: Maintainability Engineer
Address:	5699 Highland Ter.
	ord State: Ohio Zip: 45150
	et Telephone: 513-309-4457 Email: McKenneyt77@yahoo.com
	h to be added to the committee notice email distribution list? Yes \(\subseteq \text{No } \(\varphi \)
Business b	efore the committee
Leg	islation (Bill/Resolution Number): HB62
Spe	cific Issue: Support Passing HB62
Are you te	tifying as a: Proponent Opponent Interested Party
Will you h	we a written statement, visual aids, or other material to distribute? Yes \(\simega\) No \(\begin{align*}\omega\)
` • • •	ase send an electronic version of the documents, if possible, to the Chair's office prioree. You may also submit hard copies to the Chair's staff prior to committee.)
How much	time will your testimony require?
Please prov	ide a brief statement on your position:
As a citize	n of Ohio I am in favor that you pass HB62 to protect my 2nd amendment

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.