

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 23, 2021

Name: Leah Bunck

Organization (If Applicable): Moms Demand Action for Gun Sense in America

Position/title: Volunteer

Address: 2139 Camelback Dr.

City: Columbus State: OH Zip: 43228

Telephone: 937-308-7798

Email: leah.bunck@gmail.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 99
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require?

- *Committee Chair may limit testimony in the interest of time*