

**WITNESS INFORMATION FORM**  
**HOUSE PUBLIC UTILITIES COMMITTEE**  
**REPRESENTATIVE JAMIE CALLENDER, CHAIRMAN**

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: 1/27/20  
NAME: Cheryl Urban  
ORGANIZATION: citizen  
(IF APPLICABLE)  
POSITION/TITLE: \_\_\_\_\_  
ADDRESS: 462 S. Messner Rd  
CITY: New Franklin STATE: OH ZIP: 44319  
TELEPHONE: 330-882-4166  
ARE YOU REPRESENTING: YOURSELF  ORGANIZATION

DO YOU WISH TO TESTIFY ON  
LEGISLATION (BILL NUMBER): Senate Bill 33  
SPECIFIC ISSUE: \_\_\_\_\_  
SUBJECT MATTER: Limiting citizens' right to protest

PLEASE INDICATE YOUR POSITION ON THE BILL

PROONENT: \_\_\_\_\_  
OPONENT:   
INTERESTED PARTY: \_\_\_\_\_

PLEASE GIVE A BRIEF STATEMENT OF THE GROUNDS ON WHICH YOU FAVOR OR OPPOSE SUCH ENACTMENT:

This bill limits and punishes citizens' right to protest to the benefit of corporate interests. It is unconstitutional and takes away free speech.

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE?

YES  NO

(IF YES, PLEASE PROVIDE COPIES TO THE CHAIRMAN OR SECRETARY)

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE?

Written testimony for the record.