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 3

SPECIFIC ISSUE:

SUBJECT MATTER: Limiting citizens right to protest

PLEASE INDICATE YOUR POSITION ON THE BILL
PROONENT:
OPPONENT:
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

The record.