

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, May 21, 2019

Name: Jon Sherman

Organization (If Applicable): Fair Elections Center

Position/title: Senior Counsel

Address: 1825 K Street NW, Suite 450

City: Washington State: DC Zip: 20006

Telephone: 202-248-5346

Email: jsherman@fairelectionscenter.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): Am. S. B. No. 22
- 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 X

(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*