

WITNESS INFORMATION FORM

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: June 3, 2020

NAME: Amanda P. Parker

ORGANIZATION: None
(IF APPLICABLE)

POSITION/TITLE: Attorney

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CITY: Akron STATE: OH ZIP: 44305

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ARE YOU REPRESENTING: YOURSELF ORGANIZATION

DO YOU WISH TO TESTIFY ON
LEGISLATION (BILL NUMBER): 680

SPECIFIC ISSUE: _____

SUBJECT MATTER: Applying to vote by mail in Ohio

DO YOU FAVOR _____ OR OPPOSE THE ENACTMENT OF LEGISLATION REGARDING THIS ISSUE?

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

The limitations imposed by bill 680 create impediments instead of broader access to individuals seeking to exercise their right to vote. Specifically by eliminating the use of postage pre-paid envelopes we are creating additional costs in time and money for people to vote. I am a single mother that works full time and found it difficult to make multiple trips to the board of elections to submit the ballot request and the completed ballot. if I had to also find time to go to the post office or library to print and mail the ballot, those would have been additional hurdles to overcome. We should be making efforts to make voting more accessible to everyone.

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? I am not able to testify in person