

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/18/2020

Name: Michael Raderchak

Are you representing: Yourself  Organization

Organization (If Applicable): N/A

Position/Title: Vice President, Global Solutions Stolle Machinery Co., LLC

Address: 4337 Excel St

City: North Canton State: OH Zip: 44720

Best Contact Telephone: 330-244-0558 Email: mike.raderchak@stollemachinery.com

Do you wish to be added to the committee notice email distribution list? Yes  No

Business before the committee

Legislation (Bill/Resolution Number): Sub. S.B. 311

Specific Issue: Limit Director of Health order-issuing authority

Are you testifying as a: Proponent  Opponent  Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes  No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? Written Testimony Submitted / Not Planning to Testify in Person.

Please provide a brief statement on your position: Included below:

Dear Chairman Wiggam & Ohio House State and Local Government Committee Members, I'm writing in support of Sub.SB 311. The current policy of allowing unelected officials to establish statewide mandates to close businesses and take away civil liberties without any legislative approval cannot happen again. The facts are these current policies through ODH statewide orders have not only damaged or permanently closed businesses in Ohio but have struck at the core of this nation and our fundamental "civil liberties" as guaranteed in both the US Constitution and our Ohio Constitution. I urge you to vote in favor of Sub.S.B.311. Michael Raderchak

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*