WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 16 HEB 2021
Name: SUSAN M KNOTEK
Are you representing: Yourself ☐ Organization ☐
Organization (If Applicable):
Position/Title:
Address: 3081 ROYALXGOOD ROAD
City: NORTHBOYACTON State: OH Zip: 44133
Best Contact Telephone: 440 582 3594 Email: SUSANMKNOTEK WYAHOO, COM
Do you wish to be added to the committee notice email distribution list? Yes _ No \
Business before the committee
Legislation (Bill/Resolution Number): 48 40
Specific Issue: BALANGE OF POWER
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? NA SRITTEN TESTIMONY ONLY
Please provide a brief statement on your position: I ANTESTLEYING IN FAVOR OF HB90 AS AN OHID RESIDENT DEEPLY CONCERNED ABOUT COURSES OF ACTION BEINGTAKEN UNDER THE CURRENT EMERGENCY POXERS AND THE DIRE EFFECTS IT IS HAVING ON ALL OF US.
THIS BILL RESTORES THE BALANCE OF POXER TO NHERE IT SHOULD BE, BETWEEN THE THREE COEDUAL BRANCHES OF GOVERNMENT, AND Please be advised that this form and any materials swritten or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online. PENALLY GIVES A VOICE TO THE PEOPLE OF OHIO VIA THEER LEGISLATORS DURING, A DELLARED EMERGENCY.
OUR BUSINESSES OUR ELLONOMY, OUR SOCIAL AND EMOTIONAL SIELL-BEING, AND THE FUTURE OF OUR CHELLOREN IS ON THE LINE OUR STATE CANNOT THRIVE UNDER THE CONTINUED OPPRESIVE AND UNOPPOSED ORDERS OF OUR OVER-REACHING GOVERNOR.
PLEASE STAND UP AND PROTECT OUR PERSONAL LIBERTIES AND THE FUTURE OF OUR STATE BY NOTING YES ON HB90.