WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date:	February 1, 2021	
Name:	Wayne Lauer	
Are you	representing: Yourself 🗸 Organization	on
Organiz	ation (If Applicable):	
Position Address	/Title:255 Olentangy Crossings \	Vest
	Delaware State: OH	
Best Co	ntact Telephone: 6145723053	Email: lauer_w1@yahoo.com
		ice email distribution list? Yes 🗌 No 🗸
Ι	s before the committee Legislation (Bill/Resolution Number): Specific Issue:	SB 22
Are you	testifying as a: Proponent 🗹 Oppone	nt Interested Party
Will you	u have a written statement, visual aids,	or other material to distribute? Yes 🗹 No 🗌
to comn	_	e documents, if possible, to the Chair's office prior es to the Chair's staff prior to committee.) Written only
Please p	provide a brief statement on your positions of the State and Local Government Com	ion:
This bill restores the ba	I favor of SB22 as an Ohio resident deeply concerned about actions being taken under the current emerg alance of power to where it should be, between the three, COEQUAL branches of government, and final and the future of our children is on the line, Our state cannot thrive under the continued oppressive and u	ly gives a VOICE to the PEOPLE of Ohio via their legislators during a declared emergency. Our businesses, our economy, our social and

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.