WRITTEN TESTIMONY ONLY WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

| Date: 2 FEB 202 (|
|---|
| Name: SUSAN M KNOTEK |
| Are you representing: Yourself Organization |
| Organization (If Applicable): |
| Position/Title: |
| Address: 3081 ROYALXOOD ROAD |
| City: NORTHBOYALTON State: OH Zip: 44133 |
| Best Contact Telephone: 440 582 3594 Email: SUSANMKNOTEK QYAHOO, COM |
| Do you wish to be added to the committee notice email distribution list? Yes \(\subseteq \text{No.} \) |
| Business before the committee |
| Legislation (Bill/Resolution Number): SB 22 |
| Specific Issue: BALANCE 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 XRITIEN TESTIMONY ONLY |
| Please provide a brief statement on your position: I AM TESTIFYING IN FAVOR OF SBAD AS AN OHID RESIDENT DEEPLY CONCERNED ABOUT COURSES OF ACTION BEING TAKEN UNDER THE CURRENT EMERGENCY PONERS AND THE DIRE EFFECTS IT IS HAVING ON ALL OF US. THIS BILL RESTORES THE BALANCE OF PONER TO NHERE IT SHOULD BE, |
| 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. |
| FINALLY GIVES A VOICE TO THE PEOPLE OF CHIED VIA THEIR, LEGISLATORS DURING A DECLARED EMERGENCY. |
| OUR BUSINESSES OUR ECONOMY, OUR SOCIALAND EMOTIONAL WELL-BEING, AND THE FUTURE OF OUR CHELDREN 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 VOTING YES ON SB22. |