

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, February 24, 2025

Name: Kelly Dufour

Organization (If Applicable): Common Cause Ohio

Position/title: Voting and Elections Manager

Address: PO Box 20799

City: Columbus State: OH Zip: 43220

Telephone: 614-689-8984

Email: [kdufour@commoncause.org](mailto:kdufour@commoncause.org)

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 54
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 3 Minutes

- *Committee Chair may limit testimony in the interest of time*