WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying: ☐

Date: 5/25/25

Name: Cristine Cravens

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 4330 Hyacinth Dr

City: Mason State: OH Zip: 45040

Best Contact Telephone: 513-403-9287 Email: criscravens@gmail.com

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

Business before the committee ☐

Legislation (Bill/Resolution Number): SB 153

Specific Issue: Require citizenship verification before an elector may vote

Are you testifying as a: Proponent Opponent Interested Party

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

(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? n/a - written only

Please provide a brief statement on your position: ☐

SB153 will prevent eligible voters from voting and is unconstitutional. For instance, I changed my middle name and last name when I married, and does not match my birth certificate. Also, my sons, who are of age to vote, are going away to college, and the restrictions being proposed would make it more difficult for them to participate in voting. Please preserve our democracy by not allowing this bill to move forward.

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.