

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11-18-2020

Name: Suzanne B. MacAlonan

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Citizen

Address: 190 Woodrow Ave.

City: Bedford State: Ohio Zip: 44146

Best Contact Telephone: 440-724-1216 Email: QuinnMac@yahoo.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 311

Specific Issue: Restoring the 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? 1 minute

Please provide a brief statement on your position: Chairman Wiggam, Vice Chairman Stephens,

Ranking member Kelly, & members of State & local Government Committee: I am
testifying in favor of SB311 as an Ohio resident. The current emergency power
is having a dire effect on all of us. Our well-being, including businesses,

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.

our economy, our social & emotional well-being is greatly threatened by
these extreme mandates. Please stand up & protect our liberties & our
future by voting YES on SB311.

Thank you, Sue MacAlonan (Suzanne B. MacAlonan)