

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2-1-2021

Name: Mary Catherine Hansen

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 3772 N Waggoner Rd.

City: Blacklick State: OH Zip: 43004

Best Contact Telephone: 614-855-1673 Email: Katesheahansen@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 22

Specific Issue: restore 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? _____

Please provide a brief statement on your position:

I am testifying today in favor of SB 22 as an Ohio resident deeply concerned about Governor DeWine's horrid overreach of power and his questionable advisors. The people of Ohio have lost their voice.

Mary Catherine Hansen
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.