

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2-1-2021

Name: Joseph Santamour Jr.

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: joesaf1@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  *written testimony 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

Please provide a brief statement on your position:

I am a resident of Ohio who is deeply concerned about the abuse of power demonstrated by the governor under the current emergency powers. I am encouraging you to VOTE YES on SB 22 in order to restore the balance of power during a declared emergency.

*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.*

