WITNESS INFORMATION FORM

HOUSE PUBLIC UTILITIES COMMITTEE

REPRESENTATIVE JAMIE CALLENDER, CHAIRMAN

PLEASE COMPLETE THE WITNESS INFORMATION FORM BEFORE TESTIFYING

DATE: 10/21/2019, 5:10 p.m.
NAME: Dr. Ellen F. Pill
ORGANIZATION:
(IF APPLICABLE)
POSITION/TITLE:
ADDRESS:2569 Imperial St
CITY: STATE:WoosterZIP:44691
TELEPHONE: _330.347.1322
ARE YOU REPRESENTING: YOURSELFXORGANIZATION
DO YOU WISH TO TESTIFY ON
LEGISLATION SB33:X
SPECIFIC ISSUE:
SUBJECT MATTER:
PLEASE INDICATE YOUR POSITION ON THE BILL
PROPONENT:
OPPONENT:X
INTERESTED PARTY:

PLEASE GIVE A BRIEF STATEMENT OF THE GROUNDS ON WHICH YOU FAVOR OR OPPOSE SUCH ENACTMENT:

I am absolutely opposed to SB33, EVEN IF an amendment is assigned removing liability from organizations supporting activity prohibited by this legislation. I STRONGLY OPPOSE on the following grounds: The bill is unnecessary as criminal trespass and vandalism are already covered under Ohio law; Even if an amendment is attached as referenced above the bill would still result in unconstitutional suppression of First Amendment Rights by intimidating peaceful and lawful protestors with threats of felonies and high fines. The legislators' responses that issues would be "settled in the courts" provides further intimidation that may prevent law-abiding citizens from exercising their guaranteed First

Amendment Rights of free speech at legitimate and lawful free speech actions due to this threat of felonious charges and high fines. I respectfully and completely OPPOSE THIS PROPOSED LEGISLATION.

WILL YOU HAVE A WRITTEN STATEMENT, VISUAL AIDS, OR OTHER MATERIAL TO DISTRIBUTE?

YES____ NO__X__

(IF YES, PLEASE PROVIDE COPIES TO THE CHAIRMAN OR SECRETARY)

HOW MUCH TIME WILL YOUR TESTIMONY REQUIRE? ____n/a email submission______