

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: November 16, 2020

Name: Amy T. Russell

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Citizen of the State of Ohio and the United States of America

Address: 1814 State Route 269N

City: Bellevue State: OH Zip: 44811

Best Contact Telephone: 419-545-3010 Email: atr@bright.net

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

Business before the committee

Legislation (Bill/Resolution Number): HB618

Specific Issue: Reopen Ohio and limit emergency powers of the Governor

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? Submitted via this document.

Please provide a brief statement on your position:

Ohio's executive branch has lied about the extent of the recent health emergency and mandated actions that are neither scientific nor reasoned, and have only served to limit the freedom of the citizens of the State. Emergency orders that have shut down the Ohio economy must be made to be approved by the Ohio General Assembly as the legislative branch representing the people.

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.

Amy T. Russell

11/16/2020