

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/16/2020

Name: Tamsen McAlpine

Are you representing: Yourself ☒ Organization ☐

Organization (If Applicable): _____

Position/Title: _____

Address: 3182 Grand Falls Blvd

City: Maineville State: OH Zip: 45039

Best Contact Telephone: 513-257-7166 Email: tmcalpine@outlook.com

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

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? none - not able to be there in person

Please provide a brief statement on your position:

I am supporting this bill because it's time to open Ohio. Our governor has ignored new data and information and has refused to allow debate or second opinions. He will continue to do whatever he wants until the legislative or judicial branches of Ohio's government step in and stop him. I'm in favor of this bill because the damage done by the governor's policies has caused more damage to our lives than covid has. The cure is worse than the disease. Too many are afraid of the government. There is no pandemic clause in the constitution. Taking away our rights and freedoms because of a pandemic must be stopped.

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.