Chairman wigwam, Vice Chairman John, Ranking Member Kelly, and members of the State and Local Government Reform Committee,

Please see below my testimony in favor of HB90:

	WITNESS INFORMATION FORM
	Please complete the Witness Information Form before testifying:
11/1/1/1/1/	
	Date: -eb 15, 2021
	Name: Julia Hoenia
	Are you representing: Yourself Organization
	Organization (If Applicable):
	Position/Title:
88 88 11 11 12 h	Address:
	City: State: Zip:
	Best Contact Telephone: 614-404-6366 Email: Julie May Hoenig @ Reagan.com
	Do you wish to be added to the committee notice email distribution list? Yes ☐ No ☒
11/2011/11/11	Business before the committee
	Legislation (Bill/Resolution Number): Ohio House Bill 90
	Specific Issue: Check on Govi ODH absolute authority on
	Specific Issue: Check on Gov ODH absolute authority on Are you testifying as a: Proponent Opponent Interested Party state of Emergency
PPACE P	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? Written testimony only
	Please provide a brief statement on your position: I encourage a 'YES' vote on HB90 as an Ohio citizen concerned with the overreach of
	Could be cou
	closures / eurfews, etc. As it is now, there is too much
	closures / eurfews etc. As it is now there is too much power under the current emergency powers legislation. This bill restores the power between the 3 coequal Please be advised that this form and any materials (written or otherwise) submitted or presented.
	branches and gives a much needed voice to the people! Please support your constitute constitutes
	Thank you,
	Thank you, Julia Hoening
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