

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: January 2022

Name: Sybrina King

Are you representing: Yourself ☐ **Organization X**

Organization (If Applicable): All On the Line Ohio

Position/Title: Volunteer

Address: 11600 Huntington Way

City: Pickerington State: OH Zip: 43147

Best Contact Telephone: 614-500-9820 Email: sybrina.king@gmail.com

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

Business before the committee

Legislation (Bill/Resolution Number): _____

Specific Issue: Redrawing of State House and Senate Redistricting Maps

Are you testifying as a: **Proponent X** Opponent ☐ Interested Party ☐

Will you have a written statement, visual aids, or other material to distribute?
Yes ☐ **No X**

(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? 0 Mins; Providing Written Testimony

Please provide a brief statement on your position: I am requesting that the Ohio Legislature adopt Congressional Maps that fairly represent the Ohio electorate.

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.