ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Katherine Abbott

ORGANIZATION REPRESENTED (if any) League of Women Voters Morris Area

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

Speaker will be accorded an opportunity to testify at the Chair's discretion. **NO NEED TO TESTIFY** ☐

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Pamela Barroway

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Eric Berg

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Mark Bloomberg

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Raymond Brady

ORGANIZATION REPRESENTED (if any) Best buddies

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) Brady

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☑ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Katie Brennan

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Laura Bush

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) _____ x _____

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☑ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Mauro Camporeale

ORGANIZATION REPRESENTED (if any) CWA Local 1037

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Frances Carroll

ORGANIZATION REPRESENTED (if any) Mercer County Democratic Progressive Caucus

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Catherine Cchunt205@yahoo.com

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) Hunt

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☑ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Joseph Charles

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) _____ X _____

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Georganne D'Angelo

ORGANIZATION REPRESENTED (if any) Sierra Club

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Chloe Desir

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) _____ X _____

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Joan Divor

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☑ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Patricia Doherty

ORGANIZATION REPRESENTED (if any) NJ 11th for Change

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Kara Donaldson

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) Barlas

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Zach Dougherty

ORGANIZATION REPRESENTED (if any) The League of Women Voters of New Jersey

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Franceline Ehret

ORGANIZATION REPRESENTED (if any) CWA

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Karen Garguilo

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Adrian Ghainda

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) _____ X _____

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Josephine Giaimo

ORGANIZATION REPRESENTED (if any) User Experience Research, LLC

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Brian Haas

ORGANIZATION REPRESENTED (if any) OneNJ7

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Patricia Henry

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Ana Maria Hill

ORGANIZATION REPRESENTED (if any) SEIU 32BJ

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) NA - Ballot Design

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☑ OPPOSED ☐

Speaker will be accorded an opportunity to testify at the Chair's discretion. **NO NEED TO TESTIFY** ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Catherine Hunt

ORGANIZATION REPRESENTED (if any) Rossmoor Democratic Club

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☑ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Kevin Keelty Gartland

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Andy Kim

ORGANIZATION REPRESENTED (if any) Office of Andy Kim

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Moriah Kinberg

ORGANIZATION REPRESENTED (if any) NJ Working Families Alliance

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Laura Leibowitz

ORGANIZATION REPRESENTED (if any) Piscataway Progressive Democratic Organization

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Amy Mayer

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Matthew Messina

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME William Michelson

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Evelyn C Murphy, PhD

ORGANIZATION REPRESENTED (if any) League of Women Voters of Monmouth County

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME DaWuan Norwood

ORGANIZATION REPRESENTED (if any) ACLU-NJ

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) x

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Ritu Pancholy

ORGANIZATION REPRESENTED (if any) Soma action

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Gina Register

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Rebecca Reid

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Loretta Rivers

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Louise Walpin

ORGANIZATION REPRESENTED (if any) SWEEP NJ

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) I am submitting written testimony in lieu of oral testimony for ballot design.

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

Speaker will be accorded an opportunity to testify at the Chair's discretion. **NO NEED TO TESTIFY** ☑

Please give this completed form to the Committee aide prior to the start of the meeting along with copies of any prepared statement.

THIS FORM IS A GOVERNMENT RECORD AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: December 2, 2024

NAME Laura Zurfluh

ORGANIZATION REPRESENTED (if any) League of Womwn Voters

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER(S) X

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☐

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