# ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: 12/02/24

NAME Joseph Bouvier

ORGANIZATION REPRESENTED (if any) South Jersey Progressive Democrats

E-MAIL (OPTIONAL) jbouvier@mattioni.com

ADDRESS (OPTIONAL) 211 St. James Ave, Merchantville, NJ 08109

TELEPHONE (OPTIONAL)

WISH TO SPEAK ON BILL NUMBER 5116

**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: 12/12/24

NAME Kate Delany

ORGANIZATION REPRESENTED (if any) South Jersey Progressive Democrats

E-MAIL (OPTIONAL) K8delany@gmail.com

ADDRESS (OPTIONAL) 126 E. Palmer Ave, Collingswood

TELEPHONE (OPTIONAL) 609-458-6332

WISH TO SPEAK ON BILL NUMBER A5116

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: 12/12/24

NAME Danielle Iwata

ORGANIZATION REPRESENTED (if any) AAPI New Jersey

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A 5116

**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: 12-12-24

NAME Carolyn Rush

ORGANIZATION REPRESENTED (if any) Self

E-MAIL (OPTIONAL) carolynrush33@gmail.com

ADDRESS (OPTIONAL) 209 76th Street Sea Isle City, NJ

TELEPHONE (OPTIONAL) (609) 238-5217

WISH TO SPEAK ON BILL NUMBER A5116

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐

OPPOSED ☑ to some aspects

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.

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## ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: _____

NAME Erik Heyman-Meltzer

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER A5116

**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: 12/12/24

NAME Heral Patel

ORGANIZATION REPRESENTED (if any) New Jersey Institute for Social Justice

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

I WISH TO SPEAK ON BILL NUMBER A5116

**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: 12-12-2024

NAME Jill LAZARE

ORGANIZATION REPRESENTED (if any) National Organization For Women - NJ Chapter

E-MAIL (OPTIONAL) jill@jlazare.com

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL) (908) 451-8981

WISH TO SPEAK ON BILL NUMBER 5116

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ in favor in theory opposed as proposed to be effectuated 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

NAME Peter Chen DATE: 12-12-24

ORGANIZATION REPRESENTED (if any) NJ Policy Perspective

E-MAIL (OPTIONAL) CHEN@NJPP.ORG

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

WISH TO SPEAK ON BILL NUMBER 5116

PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP

IN FAVOR ☐ OPPOSED ☑

requesting amendments

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: _____

NAME Mayra Collinscru

ORGANIZATION REPRESENTED (if any) New Jersey Citizen Action

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

I WISH TO SPEAK ON BILL NUMBER A5116

**PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP**

IN FAVOR ☐ Seeks amendment 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: 12/12/24

NAME Veronica Akaezuwa

ORGANIZATION REPRESENTED (if any) Voter Choice NJ

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A5116

**PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP**

IN FAVOR ☐ seeks amendment 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: 2/12/24

NAME Antoinette Miles

ORGANIZATION REPRESENTED (if any) Working Families Alliance

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

I WISH TO SPEAK ON BILL NUMBER AB116

**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.

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## ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: _____

NAME Jesse Burns

ORGANIZATION REPRESENTED (if any) League of Women Voters of NJ

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER 5116

**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: _____

NAME Ben Dziobek

ORGANIZATION REPRESENTED (if any) Climate Revolution Action Network

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

I WISH TO SPEAK ON BILL NUMBER A5116

**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: 12-17-24

NAME Dorothy Foley

ORGANIZATION REPRESENTED (if any) South Jersey Progressive Democrats

E-MAIL **(OPTIONAL)** dojoso@comcast.net

ADDRESS **(OPTIONAL)** 210 Westminster Ave

TELEPHONE **(OPTIONAL)** 8569529997

WISH TO SPEAK ON BILL NUMBER 5116

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

2

## ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: 12/12/24

NAME Susan Druckenbrod

ORGANIZATION REPRESENTED (if any) South Jersey Progressive Democrats

E-MAIL (OPTIONAL) Sudru333@gmail.com

ADDRESS (OPTIONAL) 462 Valley Run Dr. Cherry Hill

TELEPHONE (OPTIONAL)

WISH TO SPEAK ON BILL NUMBER A5116

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

I am a democrat who organizes with a democratic organization. It is undemocratic to deny me/us to say we are democrats.

# ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: 12-12-2024

NAME Dawn Byrne

ORGANIZATION REPRESENTED (if any) _____

E-MAIL (**OPTIONAL**) _____

ADDRESS (**OPTIONAL**) _____

TELEPHONE (**OPTIONAL**) _____

WISH TO SPEAK ON BILL NUMBER 5116A

**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: 12/12/24

NAME Raisa Rubin-Stankiewicz

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER A5116

**PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP**

IN FAVOR ☐ OPPOSED ☑

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## ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: 12/12/24

NAME _____

ORGANIZATION REPRESENTED (if any) Faith in NJ

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

I WISH TO SPEAK ON BILL NUMBER _____

**PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP**

IN FAVOR ☐ OPPOSED ☑

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## ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: 12/12/24

NAME _____

ORGANIZATION REPRESENTED (if any) National Domestic Workers Alliance

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER _____

**PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP**

IN FAVOR ☐ OPPOSED ☑

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## ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: 12/12/24

NAME Wind of the Spirit Immigrant Resource Center

ORGANIZATION REPRESENTED (if any) _____

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

WISH TO SPEAK ON BILL NUMBER _____

**PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP**

IN FAVOR ☐ OPPOSED ☑

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## ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN COMMITTEE

DATE: 12/12/24

NAME Todd Wolfson

ORGANIZATION REPRESENTED (if any) President Rutgers AAUP-AFT

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A5116

**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: 12/12/24

NAME Bryan Sacks

ORGANIZATION REPRESENTED (if any) President, Rutgers Adjunct Faculty Union

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

I WISH TO SPEAK ON BILL NUMBER A5116

**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: 12/12/24

NAME Dr. Cathy Monteleone

ORGANIZATION REPRESENTED (if any) President AAUP - BHSNJ

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A 5116

**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: _____

NAME Erik Cruz-Morales

ORGANIZATION REPRESENTED (if any) New Jersey Alliance for Immigrant Justice

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A5116

**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: _____

NAME Sarah ~~Fajardo~~ Fajardo, Policy Director

ORGANIZATION REPRESENTED (if any) ACLU-NJ

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER 5116

**PLEASE SUBMIT ONLY ONE BILL NUMBER PER SLIP**

IN FAVOR ☐

OPPOSED ☒

With Amendments

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: 12-12-24

NAME Lisa Vandever

ORGANIZATION REPRESENTED (if any) Indivisible Rahway

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

I WISH TO SPEAK ON BILL NUMBER A-3116

**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: 12-12-24

NAME Rosalie Wong

ORGANIZATION REPRESENTED (if any) SWEEP New Jersey

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A-5116

**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: 12-12-24

NAME Laura Leibowitz

ORGANIZATION REPRESENTED (if any) Piscataway Progressive Democratic Organization

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A-5116

**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: 12-12-24

NAME Saray Ramos

ORGANIZATION REPRESENTED (if any) Latino Action Network Foundation

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A-5116

**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: 12-12-24

NAME John Migueis

ORGANIZATION REPRESENTED (if any) NJ 21st

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A-5116

**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: 12-12-24

NAME Erica Malinoski

ORGANIZATION REPRESENTED (if any) SOMA Action

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A-5116

**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: 12-12-24

NAME Peter Rosario

ORGANIZATION REPRESENTED (if any) La Casa de Don Pedro

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

WISH TO SPEAK ON BILL NUMBER A-5116

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: 12-12-24

NAME Margaret Illis

ORGANIZATION REPRESENTED (if any) Berkeley Heights Town Councilwoman

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A-5116

**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: 12/12/24

NAME _____

ORGANIZATION REPRESENTED (if any) Salvation for Social Justice

E-MAIL **(OPTIONAL)** _____

ADDRESS **(OPTIONAL)** _____

TELEPHONE **(OPTIONAL)** _____

I WISH TO SPEAK ON BILL NUMBER A5116

**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: 12-12-24

NAME Jean Nitzberg

ORGANIZATION REPRESENTED (if any) League of Women Voters of Greater Princeton Area

E-MAIL **(OPTIONAL)**

ADDRESS **(OPTIONAL)**

TELEPHONE **(OPTIONAL)**

WISH TO SPEAK ON BILL NUMBER A-5116

**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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