ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12/16/2024

NAME Yael Niv

ORGANIZATION REPRESENTED (if any) Good Government Coalition of New Jersey

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

You will be accorded an opportunity to testify at the Co-Chair's discretion. Opposed / Testifying

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

TESTIMONY FORM

NAME Julia Sass Rubin DATE: 12-16-24

ORGANIZATION REPRESENTED (if any) _____

E-MAIL (OPTIONAL) [redacted]

ADDRESS (OPTIONAL) _____

TELEPHONE (OPTIONAL) _____

You will be accorded an opportunity to testify at the Co-Chair's discretion.

Opposed / testifying
& Concerned

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12/16/2024

NAME Jo Butler

ORGANIZATION REPRESENTED (if any) _____

E-MAIL (OPTIONAL) _____

ADDRESS (OPTIONAL) _____

TELEPHONE (OPTIONAL) _____

opposed to the bill as released last week. Not present to testify.

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12-16-24

NAME Mara Novak, Judy Kelly Sudol, Patricia Doherty

ORGANIZATION REPRESENTED (if any) NJ 11th for Change

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

A 5116

oppose, no testimony

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12-16-24

NAME Renée Steinhagen

ORGANIZATION REPRESENTED (if any) NJ Appleseed Public Interest Law Center

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

A 5116
oppose, no testimony

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12-16-24

NAME Shoshana Osofsky

ORGANIZATION REPRESENTED (if any) _____

E-MAIL (OPTIONAL) _____

ADDRESS (OPTIONAL) _____

TELEPHONE (OPTIONAL) [redacted] A 5116

opposed, no testimony

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12-16-24

NAME Jenna Mellor

ORGANIZATION REPRESENTED (if any) New Jersey Harm Reduction Coalition

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

A5116
oppose, no testimony

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12-16-24

NAME Danielle Iwata

ORGANIZATION REPRESENTED (if any) AAPI New Jersey

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

A-5116

Oppose, no testimony

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12-16-24

NAME Rosalie Wong

ORGANIZATION REPRESENTED (if any) SWEEP New Jersey

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

A5116

opposed, no testimony

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12/16/24

NAME Anna Marta Visky

ORGANIZATION REPRESENTED (if any) CWA District 1

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

You will be accorded an opportunity to testify at the Co-Chair's discretion.

Opposed
Not speaking

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12/16/24

NAME Sarah Fajardo

ORGANIZATION REPRESENTED (if any) ACLU-NJ

E-MAIL (OPTIONAL) _____

ADDRESS (OPTIONAL) _____

TELEPHONE (OPTIONAL) _____

Oppose / No need to testify

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12/16/24

NAME Jesse Burns

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

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

Oppose / No need to testify

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12/16/24

NAME Erik Cruz Morales

ORGANIZATION REPRESENTED (if any) NJ Alliance for Immigrant Justice

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

Oppose / Not testifying

You will be accorded an opportunity to testify at the Co-Chair's discretion.

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ASSEMBLY SELECT COMMITTEE ON BALLOT DESIGN

TESTIMONY FORM

DATE: 12/16/24

NAME Sunni Vargas

ORGANIZATION REPRESENTED (if any) NJ Working Families Alliance

E-MAIL (OPTIONAL)

ADDRESS (OPTIONAL)

TELEPHONE (OPTIONAL)

You will be accorded an opportunity to testify at the Co-Chair's discretion. [Not testifying] Opposed

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