



SENATE STANDING

COMMITTEE ON ELECTIONS

**NOTICE OF PUBLIC HEARING**

Wednesday, July 28, 2021  
10:00 AM  
Medgar Evers College, Founders' Auditorium  
1650 Bedford Avenue, First Floor  
Brooklyn NY 11225

**SUBJECT:** To Review Elections Administration and Voting Rights in New York State

**PURPOSE:** To solicit testimony, feedback, and recommendations from voters on the 2020 and 2021 elections, including the Primary and General Elections and pending elections legislation. These hearings will also focus on gathering input and suggestions on how to improve New York state election laws and the administration, operations and procedures of local Boards of Elections across the state.

Recent changes in the Election Law, including some prompted by the COVID-19 crisis, have endeavored to make voting in New York easier and more accessible. As a result, voter participation has increased substantially. At the same time, we have seen continued impediments to voting in New York, such as insufficient poll site staffing and long lines across the state during the early voting period, absentee ballot errors, serious administrative challenges to processing and maintaining voter registrations, and other issues. This hearing, as well as others, will provide an opportunity for voters, poll workers and other stakeholders to provide testimony that will help make the administration of New York's elections more efficient, transparent, and in service to the voter.

In addition, these hearings will address recent canvassing and other election administration errors by the New York City Board of Elections and other local Boards of Election across the State. They will focus on bringing accountability to the election administration process across the state with a focus on ensuring that our elections are administered fairly and competently, and that voters' rights are protected.

**Oral testimony will be limited to 5 minutes' duration.** In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

**Ten copies** of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

**Providing Testimony to the Committee:**

Upon review of the form submitted, the Committee will determine whether you will be scheduled to testify. While the Committee will endeavor to schedule as many persons to testify as is possible, representing a wide divergence of views, time constraints may not allow for all witnesses to testify.

If you are notified that you will be a witness, you will receive instructions for submitting your written testimony. You must do so no later than 72 hours prior to the scheduled

time of the hearing. Failure to submit testimony electronically in a timely manner will result in a witness not being permitted to testify.

Witnesses will have 5 minutes in which to present their oral testimony. After this time, Legislators may ask the witnesses questions concerning either their oral testimony or their previously submitted written testimony.

Witnesses are strongly urged not to read their written testimony when testifying. Instead, the presentation of an oral summary of your written testimony, not exceeding 5 minutes, would be the best and most effective use of your time.

**You can submit written testimony instead of testifying in person.** Please send an electronic copy to [jacquet@nysenate.gov](mailto:jacquet@nysenate.gov) no later than the close of business on the day of the hearing.

Only one person will be allowed to testify from any organization. Note: No substitutions of witnesses or submitted testimony will be permitted.

The Committee reserves the right to decline to allow presentation of any requested testimony if any of these rules are not complied with.

The Committee will use their best efforts to contact you as soon as possible if you have been chosen as a witness to testify in person. In the event the Committee has not responded to you at least 72 hours prior to the hearing, it is strongly recommended that you submit your written testimony to meet the above-required deadline.

In order to meet the needs of those who may have a disability, the Senate, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Senate facilities and activities.

**Zellnor Y. Myrie**  
**Chair**  
**Committee on Elections**

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**PUBLIC HEARING REPLY FORM**

Persons wishing to present testimony at the public hearing on “Reviewing Elections Administration and Voting Rights in New York State” are requested to complete this reply form as soon as possible and email it to:

Edline Jacquet  
Chief of Staff  
Senator Zellnor Y. Myrie  
Room LOB 903  
Albany, New York 12247  
Email: jacquet@nysenate.gov  
Phone: (718) 284-4700

- I plan to attend the public hearing on “Reviewing Elections Administration and Voting Rights in New York State” to be conducted by the Senate Standing Committee on Elections.
- I wish to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

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- I wish to submit written testimony but do not wish to speak at the hearing. My written testimony is attached.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility. **Please specify the type of assistance required:** \_\_\_\_\_

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NAME:

TITLE:

ORGANIZATION:

ADDRESS:

E-MAIL:

TELEPHONE:

FAX TELEPHONE: