



**SENATE STANDING COMMITTEE ON THE ELECTIONS  
ASSEMBLY STANDING COMMITTEE ON THE ELECTIONS**

**NOTICE OF JOINT PUBLIC HEARING**

**SUBJECT:** Implementation of early voting

**PURPOSE:** To review the implementation of early voting at the 2019 general election.

**NEW YORK CITY**

Wednesday, November 20, 2019, 10:00 a.m.  
Senate Hearing Room, 19th floor  
250 Broadway, New York, NY

**ORAL TESTIMONY BY INVITATION ONLY**

In 2019, legislation was enacted providing for a period of early voting to begin 10 days before each primary, general and special election and commencing with the 2019 November general election. The legislation requires each county to provide for at least one site and as many as seven poll sites, based on the number of registered voters in each individual county. Additional poll sites above the minimum number may also be designated by board of elections of each county or the city of New York for the convenience of voters. The intent of this hearing is to review the implementation of early voting at the 2019 general election through testimony from election administrators, advocates and other stakeholders.

Persons invited to present pertinent testimony to the Joint Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

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

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

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

In order to meet the needs of those who may have a disability, the Joint Committee, 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 Assembly facilities and activities.

**Chuck Lavine**  
**Member of the Assembly**  
**Chairman, Committee on Elections**

**Zellnor Myrie**  
**Member of the Senate**  
**Chairman, Committee on Elections**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on early voting are requested to complete this reply form as soon as possible and mail, email or fax it to:

Matt Aumand  
Analyst  
Assembly Committee on Elections  
New York State Capitol – Room 513  
Albany, New York 12248  
Email: aumandm@assembly.state.ny.us  
Phone: (518) 455-4313  
Fax: (518) 455-7250

Edline Jacquet  
Chief of Staff  
Office of NYS Senator Zellnor Y. Myrie  
1077 Nostrand Avenue, Brooklyn, NY  
Email: jacquet@nysenate.gov  
Phone: (718) 284-4700  
Fax: (718) 282-3585

- I plan to attend the following public hearing on the implementation of early voting to be jointly conducted by the Senate and Assembly Election Committees on November 20, 2019.
- I plan to make a public statement at the hearing. My statement will be limited to five 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 do not plan to attend the above hearing.
- 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 information. **Please specify the type of assistance required:** \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX TELEPHONE: \_\_\_\_\_