WAIVER

Supreme Court, U.S. FILED

DEC 0 7 2022

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SUPREME COURT OF THE UNITED STATES

			No.	22-493							
Erica Bojicic, dba Evolve I			Dance	Dance Company		Richard Michael DeWine, et al.				al.	
\$	***************************************	(Petitione	r)		v.	\$		(Respon	ndent)	***************************************	
I DO N		END TO FILI	E A RE	SPONSE to	the petit	ion for a w	rit of cert	iorari u	nless one	is requested by	
Please	check t	the appropria	te box:	:							
O I am filing this waive		on beh	alf of all resp	ondents.	·						
•	I only r	represent some respondents. I am filing this waiver on behalf of the following respondent(s):									
Melba l	R. Moore	e, former Healt	h Comr	nissioner for	the City	of Cincinn	ati				
Please	check t	the appropria	ite box:	,	(100) - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		an nan markaman nan nan nan nan nan nan nan nan nan		Marie (Marie (Ma	***************************************	
0	I am a member of the Bar of the Supreme Court of the United States. (Filing Instructions: File a signed Waiver in the Supreme Court Electronic Filing System. The system will prompt you to enter your appearance first.)										
0	I am not presently a member of the Bar of this Court. Should a response be requested, the response will be filed by a Bar member. (Filing Instructions: Mail the original signed form to: Supreme Court, Attn: Clerk's Office, 1 First Street, NE, Washington, D.C. 20543).										
Signati	ure:	Eva	Lal	/y							
Date:		12/5/22	***************************************								
(Type o	or print) l	Name Erica I	Faabo	rg	***************************************	•	***************************************	***************************************	**************************************	YEAR	
		ON	Ir.	O Ms.	oni anti manta di santa di Santa	O Mrs.	0	Miss	***************************************	Tratinopolista e e e e e e e e e e e e e e e e e e e	
Firm		City of Cinc	innati	Solicitor's	Office		*************************************				
Address		801 Plum Street, Room 214									
City & State .		Cincinnati,				Zip	45202				
Phone		513-352-33	809		Email	erica.fa	aborg@	cindin	REGI	WED	
name(s	s) of the r	orm must be serecipient(s) of a	copy of	this form. N	lo additio	nal certific	r if <i>pro se</i> . ate of ser	. Please	DEC indicate office of supreme	helowetherk countilised	