

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 16, 2023

Name: Paul Nichols

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Telephone: 614-214-7064 Email: psnichols@gmail.com

Do you wish to be added to the committee notice email distribution list? Yes  No

Business before the committee

Legislation (Bill/Resolution Number): House Joint Resolution 1

Specific Issue: \_\_\_\_\_

Are you testifying as a: Proponent  Opponent  Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes  No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? Written

Please provide a brief statement on your position:

This proposal disrupts a core tenant of Ohions traditional say in how our constitution and governance works. This is not wise policy, it is a policy that disenfranchises voters statewide, without concern for future times when even Republicans may want to change the constitution. I urge the committee to drop this resolution.

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*