

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 04/15/2023

Name: Robert A. Burgett Jr.

Are you representing: Yourself Organization

Organization (If Applicable): N/A

Position/Title: _____

Address: N/A

City: Powell State: Ohio Zip: 43065

Best Contact Telephone: 614-798-9882 Email: bob48burg@yahoo.com

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

Business before the committee

Legislation (Bill/Resolution Number): HJR 1

Specific Issue: Constitutional Amendment for Citizen Ballot Initiatives that Require 60% favorable votes to pass

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? None as my statement is below.

Please provide a brief statement on your position: I am opposed to this resolution and any other attempts by the current majorities in both the senate and house of the state legislature to make it harder for voters to amend the state constitution. Why are both majorities trying to impose their draconian power over the voters of this state? Whatever happened to "power to the people"? It appears that you are doing your best to TAKE POWER FROM THE PEOPLE. Shame on you for your gross arrogance and huge disdain for the voters of this state.

