

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4-17-2023

Name: Kim Sadlier

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 1549 Montego Drive

City: Springfield State: Ohio Zip: 45503

Best Contact Telephone: 937-9362 Email: adairkim@hotmail.com

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

Business before the committee

Legislation (Bill/Resolution Number): HJR1

Specific Issue: Requiring 60% vote to approve any constitutional amendment.

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? _____

Please provide a brief statement on your position:

Though I am unable to attend in person, I wanted to clearly state my position. I am strongly opposed to the resolution and anything that makes it more difficult for voters to amend the Ohio Constitution.