

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 04/17/2023

Name: James D. Shatzer

Are you representing: Yourself  Organization

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

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

Address: 612 Brunner Dr.

City: Cincinnati State: Ohio Zip: 45240

Best Contact Telephone: 513-375-9085 Email: dan.shatzer@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): HJR 1

Specific Issue: Require a 60% voter approval to pass a citizen led ballot initiative

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? 1 min.

Please provide a brief statement on your position: I oppose HJR 1 because I believe it is another attempt to override the firmly established principle of checks and balances established by our founding fathers.

*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.*