

OHR Constitutional Resolution Committee @ ohiohouse.gov.  
Drep39 @ ohiohouse.gov.  
House

## WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4-17-23

Name: SUSAN LEWIS

Are you representing: Yourself  Organization

Organization (If Applicable): self and family

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

Address: 4079 PORTER Rd.

City: WESTLAKE State: OHIO Zip: 44145

Best Contact Telephone: 216-870-9986 Email: lsuelewis@gmail.com  
216-870-9986

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: resolution is not democratic

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:

*I write in opposition to HJR 1 and all things that make it harder for Ohio voters to amend the Ohio Constitution. The resolution is undemocratic, unfair, unpopular with Ohio voters and unnecessary. I trust Ohio voters' record on citizen initiated ballot measures. I don't trust politicians. Vote No.*