

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 17, 2023

Name: Anne Lapeikis

Are you representing: Yourself  Organization

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

Position/Title: Citizen

Address: 177 Northmoor Place

City: Columbus State: OH Zip: 43214

Best Contact Telephone: 508-736-2442 Email: lapeikisanne@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): Joint House 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 testimony only

Please provide a brief statement on your position: *I am opposed to the resolution and anything that makes it harder for voters to amend the Ohio Constitution.*

*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.*