WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/17/23
Name: Mary Kathleen Barnes
Are you representing: Yourself \(\sum \) Organization \(\sum \)
Organization (If Applicable):
Position/Title:
Address: 3808 Burnt Pond Rd.
City: Ostrander State: OH Zip: 43061
Best Contact Telephone: 614-753-8125 Email: barnes.8@columbus.rr.com
Do you wish to be added to the committee notice email distribution list? Yes \boxtimes No \square
Business before the committee
Legislation (Bill/Resolution Number): HJR1
Specific Issue: HJR1 amending Ohio Constitution
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? 2 minutes

Please provide a brief statement on your position: Resolution HJR1 is an appalling attack on our democracy. There is NO WAY that 40% of the voters should be able to dictate changes or prevent changes to our state constitution. A simple majority of Ohio voters should be able make the changes that are proposed. This is a blatant attempt to disempower the voters of Ohio. I am vehemently 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 (unittee and any included)
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.