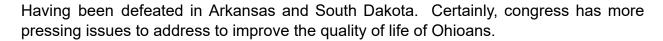
WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date:April 17, 2023
Name: Hillary Sullivan
Are you representing: Yourself X □ Organization □
Organization (If Applicable): NA
Position/Title: self/resident/constituent
Address: 2740 Ashton Dr
City: Hudson State: OH Zip: 44236
Best Contact Telephone: 6083471197 Email: HillSullivan@gmail.com
Do you wish to be added to the committee notice email distribution list? YesX ☐ No ☐
Business before the committee Legislation (Bill/Resolution Number): Hjr1/Sjr2
Specific Issue: Opposition
Are you testifying as a: Proponent □ Opponentx □ Interested Party □
Will you have a written statement, visual aids, or other material to distribute? Yes \square No \square x Written ONLY
(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? none

Please provide a brief statement on your position:

I was shocked when I read that the members of the Ohio Congress were submitting a constitutional amendment requiring 60% of the vote to pass a constitutional amendment proposed by citizens. The same bill removes the curing process and intensifies the petition process requiring a minimum number of signatures from all 88 counties versus the current 44. I am totally confused. I have lived in 3 different states and I see this bill as unnecessary, an assault on the voters of Ohio and completely undemocratic. I also find in my research of other states that such an amendment is almost unprecedented.



Please let democracy thrive and proceed to work on issues to improve the quality of life of Ohioans.

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.