

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 17, 2023

Name: Elizabeth Simeral

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 19137 Thrasher Road

City: Hiram State: OH Zip: 44234

Best Contact Telephone: 4408215633 Email: ejrsimeral@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): House Joint Resolution 1

Specific Issue: Change requirements for citizen petition to make it to the ballot.

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? Less than one minute.

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. This amounts to a takeover of "for the people, of the people, and by the people". Just because you got elected doesn't give you the right to suppress my voice.

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.