

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 17, 2023

Name: Karen L. Croker

Are you representing: Yourself  Organization

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

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

Address: 11175 Woodview Blvd

City: Parma Hts State: OH Zip: 44130

Best Contact Telephone: 216-402-6755 Email: klc217@cox.net

Do you wish to be added to the committee notice email distribution list? Yes  No

Business before the committee

Legislation (Bill/Resolution Number): HJR1

Specific Issue: Requiring 60% voter approval of amendments to OH 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? \_\_\_\_\_

Please provide a brief statement on your position: I am opposed to this resolution and anything that makes it harder for Ohio voters to amend the Ohio Constitution. In addition, spending \$20 million to get this on a ballot in August is not fiscally responsible.

*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.*