

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/17/2023

Name: . Jacob M Ashworth

Are you representing: Yourself  Organization

Organization (If Applicable): .

Position/Title: .

Address: . 1567 Deer Crossing Lane

City: . Worthington State: . Ohio Zip: . 43085

Best Contact Telephone: . (614)306-3013 Email: . jake.ashworth5@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: .

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? . Approximately five minutes

Please provide a brief statement on your position:

I oppose HJR1 because I think it's undemocratic and only being proposed in response to petitions the members of the Ohio House disagrees with.