WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 19,20232			
Name: Lucy Anne McKosky	?		
Are you representing: Yours	elf Organization		
Organization (If Applicable)	: ?		
Position/Title: 2			
Address: 47 Lammers Ave.			
City: Dayton@Dayton	State: OH 🗈	Zip: 454592	
Best Contact Telephone: 937	7-216-5754 ^[2]	Email: lmckosky14@g	gmail.com2
Do you wish to be added Business	to the committee n	notice email distribution the	list? Yes No committee
Legislation (Bill/Rese	olution Number): HJ	R1@	
Specific Issue: 2			
Are you testifying as a: Prop	onent	☐ Interested Party ☐	
Will you have a written statement, visual aids, or other material to distribute? Yes No [
(If yes, please send an electr to committee. You may al		-	•
How much time will your testimony require? none??-??written??only@none??-??written??only			
Please provide a brief statem	ent on your position:		
I am strongly opposed to this proposed Constitutional amendment. It violates the principle of "One person, one vote" by making votes against a measure worth 50% more than votes in favor of the measure. Each person's vote should have the same weight.			

The stated justification for this measure is not valid. It will not prevent out-of-state interests form putting issues on the Ohio ballot, 2but it will prevent a majority of Ohio voters from making changes they deem necessary to protect our rights and promote the effective functioning of our state government.

Placing this measure before voters in an August special election, for which voter turnout is historically lowest, means that only a small minority of voters will determine the outcome. This contradicts the sponsors' reasoning that Constitutional amendments should have broad support to pass.

This measure would weaken the voice of citizens and undermine our democracy. I urge you to reject this propposal.

Please be advised that this form and any materials (written or otherwise) submitted or presented 0 t h iS c0 mmeeaec0 r d S h

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