

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/18/23

Name: Garrett Westhoven

Are you representing: Yourself Organization

Organization (If Applicable): .

Position/Title: .

Address: 13460 Sperry Rd

City: . Chesterland

State: . OH

Zip: . 44026

Best Contact Telephone: 860-966-9311

Email: contact@garrettwesthoven.com

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

Business before the committee

Legislation (Bill/Resolution Number): . HJ1

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? .

Please provide a brief statement on your position: I am writing to note opposition to HJ1 that makes it harder for voters to amend the Ohio Constitution. The ability to amend the constitution is what allows voters to check on politicians who are not enacting the will of the voters. Changing our current system would take power away from the majority of voters and instead give it to a minority, and ruin the democratic principles our state and country were founded upon.

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.