

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 18 _____

Name: Sandra K Freer _____

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 10900 Buckingham Place _____

City: Powell _____ State: OH _____ Zip: 43065 _____

Best Contact Telephone: 614-530-7971 _____ Email: sfreer921@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): HJR1 _____

Specific Issue: Amendment to the 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? N/A _____

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. I do not support that a minority (40%) can determine the outcome of issues.

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.