

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 04/17/2023

Name: Judea Ann Winter

Are you representing: Yourself Organization

Organization (If Applicable): N/A

Position/Title: Citizen

Address: 8924 Saxton Drive

City: WestChester Twnshp State: Ohio Zip: 45069

Best Contact Telephone: 949-400-8631 Email: jac295@case.edu

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

Business before the committee

Legislation (Bill/Resolution Number): HJR1 and SJR2

Specific Issue: Making it more difficult for the voters to challenge issues and to make change.

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? Written testimony only.

Please provide a brief statement on your position:

I am opposed to the resolution and anything that makes it harder for voters to challenge issues and to make change.

This is a bipartisan concern as Americans in Ohio, who respect the rule of law and to ensure that the system works for all Americans. In this case, the law proposed is to make it more difficult for voters to use their voice and to make change, (i.e. reducing current accessibility that we have as citizens), than what we now have. For a state, where we hold onto our freedoms, HJR1 and SJR, are a disconnect and an abuse of power to silence the very people who put you in office to act as our voice.

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.