

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4-17-23

Name: Jason Miller

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 2309 Ann Dr

City: Toledo State: OH Zip: 43613

Best Contact Telephone: 419-266-2030 Email: jason.louis.miller@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): SJR 2

Specific Issue: I am opposed to the resolution and anything that makes it harder for voters to amend the Ohio 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? 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 amend the Ohio Constitution. As a person of faith, I believe that all people should be able to make their voices heard. Passing this legislation would make it harder for Ohioans to do that.

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.