

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/15/2023

Name: Adam Hoffmann

Are you representing: Yourself  Organization

Organization (If Applicable): .

Position/Title: .

Address: 2621 Bryton Dr

City: Powell

State: Ohio

Zip: 43065

Best Contact Telephone: 6145821105      Email: adamhoffmann7@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: 60% to pass a ballot initiative in Ohio

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? No more than 3 minutes

Please provide a brief statement on your position: One person, one vote. This bill is not in the interest of the majority of Ohioans.

*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.*