

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 17 Apr 23

Name: Colleen Rice

Are you representing: Yourself Organization

Organization (If Applicable): N/A

Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Telephone: 614-738-8180 Email: CRice9@insight.rr.com

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

Business before the committee

Legislation (Bill/Resolution Number): House Joint Resolution 1

Specific Issue: Require 60% vote to approve any constitutional amendment

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 see below.

Please provide a brief statement on your position:

I am writing to express my opposition to HJR1. I am opposed to this resolution or any attempt to make it harder for voters to amend the Ohio Constitution. We the people should make these decisions. This resolution is undemocratic, unfair, unpopular and unnecessary.

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.

Colleen Rice