

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: . 04/ 16/2023 (for scheduled opponent testimony on April 19, 2023)

Name: . Cynthia Burnell

Are you representing: Yourself Organization

Organization (If Applicable): .

Position/Title: .

Address: . 1038 Stone Crossing St NE

City: . Canton State: . Ohio Zip: . 44721

Best Contact Telephone: . 614.906.8606 Email: . cburnell07@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): . HJR 1

Specific Issue: Constitutional amendment to increase citizen initiative approval threshold

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? . in writing

Please provide a brief statement on your position: I am strongly opposed to any proposal that would further decrease the voices of Ohio's citizens and the democratic principle of majority rule. Ohio's current Constitution has provided for a simple majority to approve citizen-initiated proposals for over 100 years and that provision has not been abused. I also oppose the proposed changes to the "curing" process and the signatures necessary to place the initiative on the ballot. HJR 1 is contrary to democracy and an infringement of Ohio's citizens long-held power to make change when elected representatives will not.

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.