

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/17/23

Name: Danielle Romig

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 211 Washington Ave

City: Cuyahoga Falls State: OH Zip: 44221

Best Contact Telephone: 330-860-3036 Email: mongoldd@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: _____

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? none - 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.*

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.