

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: .April 18, 2023

Name: .Jeff Schreiber

Are you representing: Yourself  Organization

Organization (If Applicable): .

Position/Title: .

Address: . 73 W Woodland Ave

City: . Columbiana

State: .OH

Zip: . 44408

Best Contact Telephone: . (330) 420-8547

Email: JSchreiber436@yahoo.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:.

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? I am testifying via this written form, not in person.

Please provide a brief statement on your position: I am adamantly opposed to HJR1 and anything that makes it harder for Ohio voters to amend the Ohio State Constitution. I urge you to vote NO on HJR1.

*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.*