

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 16, 2023 \_\_\_\_\_

Name: Johnine Byrne \_\_\_\_\_

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 3287 Norwood Road \_\_\_\_\_

City: Shaker Heights \_\_\_\_\_ State: OH \_\_\_\_\_ Zip: 44122 \_\_\_\_\_

Best Contact Telephone: 216-536-9560 \_\_\_\_\_ Email: johninebyrne@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 and SJR \_\_\_\_\_

Specific Issue: amending the OH constitution \_\_\_\_\_

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 will not be there in person \_\_\_\_\_

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. It should be a point of pride for our state that citizens have a pathway to participate in the laws that govent them.

*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.*