

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 17, 2023

Name: Katherine Petrey

Are you representing: Yourself  Organization

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

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

Address: 2128 Lamberton Road

City: Cleveland Heights State: Ohio Zip: 44118

Best Contact Telephone: 2165137423 Email: ksrpetrey727@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): House Joint Resolution No. 1

Specific Issue: Changing majority for passage of voter initiated constitutional amendments

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 submitting 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. By raising the bar to 60% for voter initiated constitutional amendments but keeping it at 50% for legislature initiated amendments, the Ohio General Assembly is moving even further in the direction of single party authoritarian government. I firmly believe that this will make Ohio an unattractive choice for businesses of all kinds, including medical research and development, and for high performing university faculty and students.

*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.*