## WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 17,	2023					
Name: Mary K	elsey					
Are you representing:	Yourself □x	Organiza	ntion 🗆			
Organization (If Appl	licable):					
Position/Title:						
Address: 3107	Meadowbrook	Blvd.				
City: Cleveland I	Heights,	State:	ОН	Zip:	44118	
Best Contact Telepho	ne: 216-233	-9242	Email:	mary	pkelsey@gmail.o	com
Do you wish to be a	dded to the co	ommittee	notice email	distrib	oution list? Yes	k□ No □
Business	before	<b>;</b>	th	e	со	mmittee
Legislation (B	Bill/Resolution	Number)	: HJR 1			
Specific Issue	: Oppos	sed to HJF	R 1			
Are you testifying as	a: Proponent	Opponer	nt X Intere	ested Pa	arty □	
Will you have a writt □	en statement,	visual aid	ls, or other m	aterial	to distribute? Ye	s x No
(If yes, please send a office prior to comm committee.)					•	
How much time will	your testimony	y require?	•			
Please provide a brief	statement on	your posi	tion:			
HJR 1 makes it hard	ler for the citiz	zens of O	hio to deterr	nine th	neir governance.	The

voice of the citizens must be honored for amending our constitution. Democracy may take more time and effort than autocracy, but democracy is the system on which this

country and state were founded. Keep it.

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.