

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/17/2023

Name: Mary Uhlenbrock

Are you representing: Yourself  Organization

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

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

Address: 727 Castlegate Ln, Unit 103

City: Springfield Twp State: OH Zip: 45231

Best Contact Telephone: 513-382-8683 Email: uhlenbrockmm@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): HJR1 and SJR2

Specific Issue: Ballot initiatives

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? Written statement only

Please provide a brief statement on your position: HJR!/SJR2 takes away power from voters and undermines the principle of one person one vote.

*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.*