

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/17/23

Name: Melinda Todaro

Are you representing: Yourself  ~~Organization~~

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

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

Address: 7325 MacBeth Drive

City: Dublin State: Ohio Zip: 43016

Best Contact Telephone: 6142081710 Email: mptodaro@aol.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 1

Specific Issue: Opposed to the Resolution

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? No time - written testimony

Please provide a brief statement on your position:

Written testimony only.

I am opposed to the resolution and anything that makes it harder for voters to amend the Ohio Constitution.

*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.*