

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/17/2023

Name: Nicole R. Price

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 15571 Hemlock Rd

City: Chagrin Falls State: OH Zip: 44022

Best Contact Telephone: _____ Email: _____

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HJR1

Specific Issue: _____

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 only

Please provide a brief statement on your position:

American government is supposed to be of the people, by the people, and for the people. HJR1 would further minority

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.