

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/18/2023

Name: Amy McCrory

Are you representing: Yourself Organization

Organization (If Applicable):

Position/Title:

Address: 192 E Royal Forest Blvd

City: Columbus

State: Ohio

Zip: 43214

Best Contact Telephone:

Email: mccrory.1964@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

Specific Issue: Restricting the right to amend the Ohio Constitution

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? Testimony will not be in person, is being submitted in writing only.

Please provide a brief statement on your position: I oppose HJR1, a measure that would weaken the right of Ohio voters to be represented by our state government. For more than 100 years the citizens of Ohio have had the right to amend the state Constitution by a majority vote. HJR1 would make it harder to put a citizens' initiative onto the ballot, as well as raising the threshold to pass the initiative to a 60% majority rather than the current 50% threshold. HJR1 is an attempt by the legislature to override the will of Ohio citizens.

I request confirmation that this witness information form has been received and properly submitted.

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.