

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2/15/2020

Name: William Hampton

Are you representing: Yourself Organization

Organization (If Applicable): Marietta City School District

Position/Title: Superintendent

Address: 111 Academy Drive

City: Marietta State: OH Zip: 45750

Best Contact Telephone: 740-374-6500 Email: whampton@mariettacsdo.org

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

Business before the committee

Legislation (Bill/Resolution Number): House Bill 9 Conference Committee

Specific Issue: EdChoice Voucher Bill

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? Approx. 5 minutes

Please provide a brief statement on your position:

I am opposed to the expansion of the voucher system based on a flawed state report card. I also feel that a serious unintended consequence exists and has the potential to have a widespread impact to the stability of our many small to mid-sized communities.

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.