

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: Feb 12, 2020

Name: BRADLEY CARPENTER

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Parent of kids using Ed Choice scholarships

Address: 28 Virginia Ave

City: Dayton State: OH Zip: 45410

Best Contact Telephone: 937-329-8489 Email: bacsea@hotmail.com

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

Business before the committee

Legislation (Bill/Resolution Number): HB 9 / Senate Bill 89

Specific Issue: Ed Choice in failing school districts

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? 5 minutes

Please provide a brief statement on your position:

I support parents having educational choices in failing school districts.

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.