

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2/18/20

Name: Luma Mufleh

Are you representing: Yourself Organization

Organization (If Applicable): Fugees Family, Inc.

Position/Title: CEO

Address: 1933 E Dublin Granville Rd #117

City: Columbus State: OH Zip: 43229

Best Contact Telephone: 678-596-5791 Email: luma@fugeesfamily.org

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

Specific Issue: Ed Choice

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? 5-10 minutes

Please provide a brief statement on your position:

I operate a school, Fugees Family, serving low income refugee kids. Our work relies on the support of EdChoice. I am in support of the EdChoice scholarship program.

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.