

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: Request to testify 2/19/2020

Name: Amber Clark

Are you representing: Yourself Organization

Organization (If Applicable): Hamilton Local School Board

Position/Title: Board Member- Legislative Liason

Address: 421 Oak Village Drive

City: Columbus State: Ohio Zip: 43207

Best Contact Telephone: 614-620-0269 Email: MrsClarkFHHS@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): HB 9

Specific Issue: Voucher Program

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 am against performance based vouchers based on unreliable state report cards.

I am in favor of direct funding of vouchers by the state.

I am in favor of the language in SB89 that adds a sunset clause to the changes made to territory transfer laws.

I am in favor of the language in SB89 that eliminates Academic Distress Commissions.

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.