

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: February 18, 2020

Name: Clint Rhodes

Are you representing: Yourself Organization

Organization (If Applicable): Northern Local School District

Position/Title: Principal, Thornville Elementary

Address: 70 East Columbus Street

City: Thornville State: Ohio Zip: 43076

Best Contact Telephone: 740-403-9987 Email: no-crhodes@seovec.org

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

Business before the committee

Legislation (Bill/Resolution Number): SB89

Specific Issue: EdChoice Vouchers being funded by the state not public funds

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? 2 Minutes

Please provide a brief statement on your position:

I support SB89 because it is based on poverty and eliminates the use of faulty report card data and is funded by the state.

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.