

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2/19/2020

Name: TRACI woodard

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 5420 John Browning Ct.

City: Canal Winchester State: OH Zip: 43110

Best Contact Telephone: 614-499-9334 Email: traci08.woodard@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): HB9

Specific Issue: For school 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 mins

Please provide a brief statement on your position:

I am a parent of a School Choice Voucher.
my son Walter Blanks has scared
because of it.

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.

*These will all be talking points.

- All families should be able to send their children to the school of THEIR CHOICE
- Education is the great equalizer and has the ability to break poverty in one generation
- Talk about my son
- Emphasize the fact that parents can't wait for the public schools to get their act together
- They have been trying to fix it and it hasn't work. We need choices and we need them now.