

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: February 14, 2020

Name: William R. Knox

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Mr.

Address: 1734 East 240th Street

City: Euclid State: Ohio Zip: 44117

Best Contact Telephone: 216-965-8693 Email: crazylikeknoxes@roadrunner.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: EdChoice 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:

The EdChoice Program should, at least, be maintained in its present form (neither expanded nor reformed). Families should, at least, be able to rely on the program existing in its present form. Changes, such as those contemplated, should not be effected at the last moment. The program is important because it keeps families in communities where the public school system is struggling.

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.