

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: Feb, 20, 2020

Name: Nathan Grubach

Are you representing: Yourself  Organization

Organization (If Applicable): Lake Catholic High School / Catholic Diocese of Cleveland

Position/Title: student

Address: 26500 forestview AVE

City: Euclid State: OH Zip: 44132

Best Contact Telephone: 216-410-7236 Email: grubach.n20@lakecatholicopp.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: Proposed changes to Ed Choice 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? approximately 5 minutes

Please provide a brief statement on your position:

I will be advocating for the current Ed choice program to remain as is, with the Ed Choice scholarships being awarded both (either) on the basis of financial need and/or geographical location / school district.

*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.*

# WITNESS INFORMATION FORM

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Date: Feb. 20, 2020

Name: Alexis Pacheco - Rodriguez

Are you representing: Yourself  Organization

Organization (If Applicable): Lake Catholic High School / Catholic Diocese of Cleveland

Position/Title: student

Address: 547 William Street

City: Painesville State: Ohio Zip: 44077

Best Contact Telephone: 440-746-4327 Email: pachecorodriguezal22@LakeCatholicCA.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

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Date: Feb, 20, 2020

Name: Dennis Faharani

Are you representing: Yourself  Organization

Organization (If Applicable): Lake Catholic High School / Catholic Diocese of Cleveland

Position/Title: student

Address: 154 E. 216<sup>th</sup> St

City: Euclid State: Oh Zip: 44123

Best Contact Telephone: (216) 261-0032 Email: Faharani.de.23@lakecatholicapps.org  
(home)

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

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Legislation (Bill/Resolution Number): HB 9

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# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: Feb. 20, 2020

Name: Fatiha Ali

Are you representing: Yourself  Organization

Organization (If Applicable): Lake Catholic High School / Catholic Diocese of Cleveland

Position/Title: Student

Address: 380 E. 214 St.

City: Euclid State: Oh Zip: 44123

Best Contact Telephone: (216)-309-6395 Email: Alifa 20@lakecatholicapps.org  
home

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

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Are you representing: Yourself  Organization

Organization (If Applicable): Lake Catholic High School / Catholic Diocese of Cleveland

Position/Title: Student

Address: 380 E. 214 St.

City: Euclid State: Oh Zip: 44123

Best Contact Telephone: (216)-309-6395 Email: Alifa 20@lakecatholicapps.org  
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City: Euclid State: Oh Zip: 44123

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# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: Feb. 20, 2020

Name: Tracey Bowie

Are you representing: Yourself  Organization

Organization (If Applicable): Lake Catholic High School / Catholic Diocese of Cleveland

Position/Title: Parent

Address: 380 E. 214 St.

City: Euclid State: Oh Zip: 44123

Best Contact Telephone: (216) 575-8566 Email: reneetbowie@yahoo.com  
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Do you wish to be added to the committee notice email distribution list? Yes  No

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