

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: February 19, 2020

Name: Mrs. Rose A. Reinhart

Are you representing: Yourself Organization

Organization (If Applicable): Holy Cross Catholic School Toledo Diocese

Position/Title: Principal

Address: 1745 S. Clinton St

City: Defiance State: Ohio Zip: 43512

Best Contact Telephone: 419-784-2021 Email: rose.reinhart@frontier.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 Conf Committee (Ed Choice)

Specific Issue: Ed 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? 10 minutes

Please provide a brief statement on your position:

Interested party in the Ed Choice Scholarship Program

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.