

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: Feb, 20, 2020

Name: Sherry Tedeschi

Are you representing: Yourself  Organization

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

Position/Title: teacher

Address: 5159 Franklyn Blvd, # B

City: Willoughby State: OH Zip: 44094

Best Contact Telephone: 440-622-2784 Email: stedeschi@lakecatholic.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.