

* I will bring my testimony with me

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: ^{filled out} 2-18-2020 for: session 5:00 pm 2/20/2020
Name: Tracy Ranier MEd, NBCT
Are you representing: Yourself Organization
Organization (If Applicable): Norton City Schools
Position/Title: National Bd. Certified Teacher; Kdg. Teacher
Address: 4128 S Cleve Mass Rd
City: Norton State: OH Zip: 44203
Best Contact Telephone: 330 701 0533 Email: tranier@nortonschools.org
Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): SB89

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:

If the legislature, in its wisdom, determines that vouchers are good public policy, I am asking simply that the legislature pay for them and stop diverting locally-voted property tax dollars to

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.

private school vouchers.