

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4/9/19 _____

Name: Jennifer Hogue _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): Ohio School Boards Association _____

Position/Title: Director of Legislative Services _____

Address: 8050 N. High St Suite 100 _____

City: Columbus _____ State: Ohio _____ Zip: 43235 _____

Best Contact Telephone: 614-540-4000 _____ Email: jhogue@ohioschoolboards.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 166 _____

Specific Issue: Education (K-12) and school funding _____

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? 7 minutes _____

Please provide a brief statement on your position:

Please review attached testimony

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.