

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 10, 2019
Name: Harry Keayh Kēō
Are you representing: Yourself Organization
Organization (If Applicable): Catholic Conference of Ohio
Position/Title: Associate Director / Legislative Director
Address: 9 East Long St. Suite 201
City: Columbus State: OH Zip: 43215
Best Contact Telephone: 614-224-7147 Email: _____

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

Business before the committee

Legislation (Bill/Resolution Number): AB 166
Specific Issue: 200 511; 200 532; School Choice; pupil transportation

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? _____

Please provide a brief statement on your position:

Rationale + recommendations