

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 11, 2019

Name: Eric Resnick

Are you representing: Yourself yes Organization yes

Organization (If Applicable): Canton City School District

Position/Title: Board of Education Vice President

Address: 1828 Grace Ave. NE

City: Canton State: OH Zip: 44705

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330-454-4681 Email: resnick\_e@ccsdistrict.org

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

Business before the committee

Legislation (Bill/Resolution Number): \_\_\_\_\_

Specific Issue: Cupp Patterson school funding proposal

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? 5-7 minutes

Please provide a brief statement on your position:

If passed, the Cupp Patterson school funding proposal, in its current form, will cripple the Canton City School District financially. My testimony explains the deficiencies and asks for revisions.