

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 10, 2019 _____

Name: Kevin Bacon _____

Are you representing: Yourself _____ Organization

Organization (If Applicable): School Choice Ohio _____

Position/Title: President & CEO _____

Address: 88 E. Broad Street, Suite 640 _____

City: Columbus State: OH Zip: 43215 _____

Best Contact Telephone: 614-223-1555 Email: kbacon@scoho.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: _____

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 minutes _____

Please provide a brief statement on your position:

To ensure the budget contains student-focused education policies.

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.