

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, June 04, 2019

Name: Students

Organization (If Applicable): All Saints School

Position/title: 3rd Grade Language Arts Enrichment Group

Address: 8939 Montgomery Road

City: Cincinnati State: OH Zip: 45236

Telephone: 513-675-8832

Email: [jhagerty@allsaints.cc](mailto:jhagerty@allsaints.cc)

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 235
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- Opponent: ☐
- Interested Party: ☐

Do you have a written statement, visual aids, or other material to distribute?

Yes ☐ No ☒

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require?

- *Committee Chair may limit testimony in the interest of time*