

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 9/22/2021

Name: Stacey Ganor

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Parent, Concerned Citizen

Address: 1244 Wagar Road

City: Rocky River State: OH Zip: 44116

Best Contact Telephone: 440-427-4350 Email: sbganor@gmail.com

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

Business before the committee

Legislation (Bill/Resolution Number): HB 322

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.)

Will your testimony be written, spoken, or both? Written

Please provide a brief statement on your position:

I oppose HB 322 as detrimental to Ohio students and teachers.

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.