

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, April 18, 2023

Name: Cheryl Ryan

Organization (If Applicable): Red Oak Community School

Position/title: School Manager

Address: 93 W Weisheimer Road

City: Columbus State: OH Zip: 43214

Telephone: 614-362-9776

Email: cheryl@redoakcommunityschool.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 6
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent: X
- Interested Party:

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

Yes X 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*