

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, February 13, 2024

Name: Luke Brown

Organization (If Applicable): Heritage Christian School

Position/title: Principal

Address: 4403 Tiedeman Rd

City: Brooklyn State: OH Zip: 44144

Telephone: 216-789-3173

Email: lukebrown@clevelandbaptist.org

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 339
- 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? 5 min

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