

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, April 22, 2024

Name: Keith Horner

Organization (If Applicable): Apollo Career Center

Position/title: Superintendent

Address: 3325 Shawnee Road

City: Lima State: OH Zip: 43325

Telephone: 614-806-2152

Email: keith.horner@apollocc.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 432
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- 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*