

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/11/2024

Name: Jill Whitmarsh

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 7701 Holyoke Ave

City: Hudson State: OH Zip: 44236

Best Contact Telephone: 3147935898 Email: jillwhitmarsh@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 445

Specific Issue: RTRI

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 am writing to oppose HB 445. This bill leaves too many unanswered questions and places an unnecessary burden on school districts in Ohio. I urge you to read my full letter.

*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.*