

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 11/16/2024

Name: Karen Gedeon

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 1057 Thornton Ct

City:

State: OH

Zip: 44056

Macedonia

Best Contact Telephone: 216-577-6926

Email: kgedeon2@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 407

Specific Issue: EdChoice Voucher Accountability

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: Public schools are mandated by law to provide services private schools are not. I have seen those state mandates make the difference in many lives of public school students. To offer tax dollars through school vouchers to private institutions without the same mandates public schools must follow is fiscally irresponsible. As an Ohio taxpayer, I expect any school which receives tax money to be held to the same standards.

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.