

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, March 22, 2023

Name: Greg Sullivan

Organization (If Applicable): Chesapeake High School

Position/title: Principal

Address: 10181 County Rd 1

City: Chesapeake State: OH Zip: 45619

Telephone: 304-972-6374

Email: greg.sullivan@peake.k12.oh.us

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- 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? 5 minutes

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