

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Thursday, March 06, 2025

Name: Katherine Morgan

Organization (If Applicable):

Position/title: Columbus City Schools Parent and Voter

Address: 1075 Wetmore Rd.

City: Columbus State: OH Zip: 43224

Telephone: 614.506.2021

Email: khickey@gmail.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 96
- 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?

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