

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 10, 2025

Name: Tracy Russ

Organization (If Applicable): Licking Heights Local Schools

Position/title: Board President

Address: 6539 Summit Road

City: Pataskala State: OH Zip: 43062

Telephone: 419-487-1093

Email: kevin.miller@lhschools.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

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

(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*