

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 10, 2025

Name: Kandee Engle

Organization (If Applicable): Southwest Licking Local Schools

Position/title: Member of Southwest Licking Local Schools Board of Education

Address: 927 A. South Street

City: Pataskala State: OH Zip: 43062

Telephone: 740-927-3941

Email: kengle@laca.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:
- Opponent:
- Interested Party: X

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*