

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, March 12, 2025

Name: Superintendent Dr. Angela Chapman and Treasurer Ryan Cook

Organization (If Applicable): Columbus City Schools

Position/title: Superintendent and Treasurer

Address: 270 E State St.

City: Columbus State: OH Zip: 43215

Telephone:

Email:

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

(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*