## WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 1, 2025
Jame: Dorothy C Miller
are you representing: Yourself 🗹 Organization 🗌
Organization (If Applicable):
osition/Title: Dr.
Address: 13900 Shaker Blvd #316
Sity: Cleveland State: OH Zip: 44120
Best Contact Telephone: 216798-2786 Email: dcamiller968@gmail.com
Oo you wish to be added to the committee notice email distribution list? Yes V No
Business before the committee
Legislation (Bill/Resolution Number): Ohio budget
Specific Issue: Public school funding
are you testifying as a: Proponent Opponent Interested Party
Vill you have a written statement, visual aids, or other material to distribute? Yes ☐ No ✔
If yes, please send an electronic version of the documents, if possible, to the Chair's office prior committee. You may also submit hard copies to the Chair's staff prior to committee.)
Iow much time will your testimony require?

## Please provide a brief statement on your position:

Phase 3 funding for Ohio public education has been reduced in the Ohio budget, abrogating the bipartisan Fair School Funding Plan, which, using research and debate, determined what it takes to educate public school students in Ohio. The abandonment of this plan will be detrimental to Ohio kids in the public schools throughout the state. I fail to see what could be more important that the education of children. Ninety percent of Ohio children attend public schools. Please support ONLY a state operating budget that includes the full, bipartisan Fair School Funding Plan and the updated inputs needed to do it right.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.