

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 3/9/25

Name: Amala Ambati

Are you representing: Yourself ☒ Organization ☐

Organization (If Applicable): _____

Position/Title: Physician (MD)

Address: 4555 Golf Creek Dr.

City: Toledo State: Ohio Zip: 43623

Best Contact Telephone: 734-330-9369 Email: amala906@gmail.com

Do you wish to be added to the committee notice email distribution list? Yes ☒ No ☐

Business before the committee

Legislation (Bill/Resolution Number): SB1/ HB6

Specific Issue: Strong opposition to the above legislation

Are you testifying as a: Proponent ☐ Opponent ☒ Interested Party ☐

Will 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 to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? Written testimony only

Please provide a brief statement on your position:

I Strongly oppose SB1/ HB6 due to concerns about it worsening the quality of higher education in our state. In addition, I believe this Bill will deter many people from choosing to pursue higher education in Ohio which would have a catastrophic economic impact.

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.