

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 3/9/2025

Name: Charles Malberti

Are you representing: Yourself Organization

Organization (If Applicable): none

Position/Title: Student

Address: 7314 Forest Cove Ln. #C

City: Northfield State: Ohio Zip: 44067

Best Contact Telephone: 216-235-0879 Email: cmalbert@ashland.edu

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

Business before the committee

Legislation (Bill/Resolution Number): SB 1

Specific Issue: Opposition of SB1

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? 3 minutes

Please provide a brief statement on your position:

I am writing as a **concerned citizen** in **strong opposition** to Senate Bill 1 (SB 1). This bill is not about improving education; it is a **politically motivated** attack that threatens academic freedom, weakens workforce development, and prioritizes ideology over facts. If

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.