

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 2/1/2025

Name: Melinda Hubbard

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 749 Wards Corner Rd

City: Loveland State: Ohio Zip: 45140

Best Contact Telephone: 847-276-8470 Email: melhubbard@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: Higher Education Bill

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.)

Will your testimony be written, spoken, or both? Written

Please provide a brief statement on your position:

I oppose the bill as it is harmful to our students, our future students, and the future of industry in Ohio.

*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.*