

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 9-20-2021  
Name: Elizabeth Amoriya (along with Brandi Baker)  
Are you representing: Yourself  Organization   
Organization (If Applicable): Athens Parents for Racial Equity  
Position/Title: member  
Address: 12 Hudson Ave.  
City: Athens State: Ohio Zip: 45701  
Best Contact Telephone: 740-508-9055 Email: bethamoriya@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): HB #327

Specific Issue: \_\_\_\_\_

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? the allotted time

Please provide a brief statement on your position:

As the founding members of the Athens Parent group have been in a unique position to understand the impact of an honest, complete, and diverse teaching of history of our country that includes the lasting effects of racism and sexism. This bill will stifle and restrict those age-appropriate, growing conversations that keep our children excited and engaged and make them stronger and better prepared citizens.

*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.*