

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, November 29, 2022

Name: Katherine Hunt Thomas

Organization (If Applicable): The Ability Center of Greater Toledo

Position/title: Attorney and Director of Advocacy

Address: 5605 Monroe Street

City: Toledo State: OH Zip: 43650

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): Sub. S. B. No. 202
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require?

- *Committee Chair may limit testimony in the interest of time*