

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 01, 2021

Name: Jennifer Howard

Organization (If Applicable): Breakthrough Public Schools

Position/title: Volunteers Board Chair

Address: 3615 Superior Avenue, Suite 4403A

City: Cleveland State: OH Zip: 44114

Telephone: 404-295-3365

Email: jenmariehoward@gmail.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

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

Yes 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*