

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Friday, November 10, 2023

Name: Howard Thompson

Organization (If Applicable): Manufacturing Works

Position/title: Project Management Liaison

Address: 3135 Berea Rd

City: Cleveland State: OH Zip: 44111

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Email: howard.thompson@ehmadvisors.com

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 77
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- Opponent: ☐
- Interested Party: ☐

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? 5 minutes

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