

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, February 19, 2025

Name: Sheryl Maxfield

Organization (If Applicable): The Ohio Department of Commerce

Position/title: Executive Director

Address: 77 South High Street, 23rd Floor

City: Columbus State: OH Zip: 43215

Telephone: 614.466.1286

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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: X
- Opponent:
- Interested Party:

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

Yes No X

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

How much time will your testimony require? 15 minutes

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