

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, April 28, 2025

Name: Gordon Taylor

Organization (If Applicable): Destination Cleveland

Position/title: Chief Sales Officer

Address: 334 Euclid Avenue

City: Cleveland State: OH Zip: 44114

Telephone: 216-875-6615

Email: gtaylor@destinationcle.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 138
- 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? 5 minutes

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