

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 03, 2025

Name: Howard Thompson

Organization (If Applicable): Manufacturing Works

Position/title: Director of Business Development

Address: 3135 Berea Rd

City: Berea State: OH Zip: 44111

Telephone: 216-849-0110

Email: hthompson@mfgworksle.org

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 X

(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*