

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, February 18, 2025

Name: Scott Wludyga

Organization (If Applicable): Ohio ACTE and OACTS

Position/title: Superintendent, A-Tech

Address: 1565 State Route 167

City: Jefferson State: OH Zip:

Telephone: 614-806-2152

Email:

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? 5 minutes

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