

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4-23-19

Name: MARK JOHNSON

Are you representing: Yourself Organization

Organization (If Applicable): TRI-STATE BUILDING TRADES

Position/Title: BUSINESS MANAGER

Address: 330 RED BUD ROAD

City: CHILLICOTHE State: OHIO Zip: 45601

Best Contact Telephone: 606-831-0806 Email: mjohnson@tri-state
buildingtrades.com

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HB-6

Specific Issue: IN SUPPORT

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)