

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, May 15, 2019

Name: James Houston

Organization (If Applicable): Sons of Union Veterans of the Civil War

Position/title: Past Department Commander

Address: 955 Woodcreek Drive

City: Milford State: OH Zip: 45150

Telephone:

Email:

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 155
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: ☒
- Opponent: ☐
- Interested Party: ☐

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

Yes ☐ No ☒

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

How much time will your testimony require? 5min

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