

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, June 19, 2019

Name: Aaron Toppston

Organization (If Applicable): The Walsh Group

Position/title: Senior Development Manager

Address: 929 West Adams Street

City: Chicago State: IL Zip: 60607

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Email: atoppston@walshgroup.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 218
- 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 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*