

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 1/26/2019

Name: Hannah Oakley

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 2407 Tremont Ave. #Down

City: Cleveland State: OH Zip: 44113

Best Contact Telephone: 6154954345 Email: hoakley017@gmail.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 369

Specific Issue: Civil rights

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.)

How much time will your testimony require? N/A

Please provide a brief statement on your position:

I support HB 369. A person's humanity is not conditional, and it's past time Ohio laws reflect that. I am heartened to see this bill garner bipartisan support.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.