

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: November 14, 2022

Name: JN Butler

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Lead Client Services Administrator

Address: 6896 Paddison Rd

City: Cincinnati State: OH Zip: 45230

Best Contact Telephone: 5134733055 Email: nowallthetime@me.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 454

Specific Issue: Gender Affirming Care is a Parent's Rights Issue

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? WRITTEN TESTIMONY ONLY

Please provide a brief statement on your position: My wife, Megan, and I stand firmly against HB 454 — this legislation would have devastating consequences for our communities' children. We urge you to vote no.

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. Email testimony to: familiesaging&humanservicescommittee@ohiohouse.gov. by Tuesday November 16 at 10:00 a.m. 24 hours before hearing on Wednesday November 17 at 10:00 a.m.