

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 10/10/23

Name: Dale Lykins

Are you representing: Yourself Organization

Organization (If Applicable): The Open Table Church

Position/Title: Pastor

Address: 370 E Fifth St Suite 3

City: Columbus OH State: OH Zip: 43215

Best Contact Telephone: 5134865307 Email: dale@theopentablechurch.org

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

Business before the committee

Legislation (Bill/Resolution Number): HB183

Specific Issue: transgender bathroom use

Are you testifying as a: Proponent Opponent Interested Party

Are you testifying: In-Person Written-Only

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? _____

Please provide a brief statement on your position: I think it is extremely important that transgender people be able to use the bathroom that matches their gender identity. I am a pastor and represent many Christians who feel this way. We believe that all humanity is a diverse expression of the full beauty of this world including transgender people. I am also the dad of a trans son. Transgender people are expressing what is truth inside of themselves and wish to live that truth on the outside. Not being able to live fully as whole individuals has dire consequences for mental health.

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.