

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 10/10/2023

Name: Liss McGinnis

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 379 Rhodes Ave

City: Mansfield State: OH Zip: 44906

Best Contact Telephone: \_\_\_\_\_ Email: SoapStarJane@hotmail.com

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

## Business before the committee

Legislation (Bill/Resolution Number): House Bill 183

Specific Issue: Bathroom Ban for Transgender Students

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? Less than 10 minutes

Please provide a brief statement on your position: As a school administrator, student health and wellbeing is my utmost concern. I have been in education for 18 years, and have seen student mental health decline precipitously during this time. Students who are able to represent themselves as themselves, without being subjected to scrutiny or personal questions are happier, healthier, better adjusted individuals. This does not hurt anyone.

*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.*