

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: November 11, 2024

Name: David Holtzapple

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 1575 Malcolm Ct. Apt A

City: Fairborn State: OH Zip: 45324

Best Contact Telephone: 937-241-5580 Email: david.holtzapple@outlook.com

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

Business before the committee

Legislation (Bill/Resolution Number): SB 293 & HB 445

Specific Issue: RTRI

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: This type of legislation is extremely fraught with favoritism for the religious right. I don't believe all of the concerns and pitfalls listed below have been thoroughly vetted: Safety, Security, Training, Priority of current legislation vs proposed legislation, which one takes priority, Impact on Education and Compliance - Federal/State/District requirements.

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.