

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: May 23, 2023

Name: Annette M. Scaglione

Are you representing: Yourself  Organization

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

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

Address: 5980 Marine Pky APT E118

City: MENTOR State: OH Zip: 44060

Best Contact Telephone: 843-408-6289 Email: Annette.scaglione@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): HB68

Specific Issue: GENDER AFFIRMING CARE

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: It is up to us the parents to find the best care for our children. (under the age of 18) When did it become a issue for the government to advise what is right and wrong. Do you the Government even understand the struggles these children and family go thru a day to day basis. No they don't, if they did they would be addressing this as being the rights taken away from the families or our physicians. Let our medical who are educated and trained to help those families. Let the Government, govern our daily crisis we look up to for you to address and help keep our state in check. We are the

people , speaking for our children that will one day vote. Be supportive and help us with educating those that don't understand. (as yourselves)

*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.*