

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: Dec 4, 2023

Name: Emilie Gottsegen

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 22 Ridgecrest Drive

City: Chagrin Falls State: OH Zip: 44022

Best Contact Telephone: 330.998.3343 Email: egottsegen@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): HB # 68

Specific Issue: _____

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 hope the Ohio legislature does not pass HB 68. I do not think this is good legislation because it is too punitive toward medical & counseling professionals and transgender students who are just trying to be their best selves. Try again! Parts of the bill make sense (no gender affirming surgery or drugs) but persecuting care providers is not acceptable. Instead, require family counseling for the AND transgender child/teenager.