

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 12.4.2023

Name: Cathy Douglas

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 3276 Fox Run Dr.

City: Richfield State: Ohio Zip: 44280

Best Contact Telephone: 330 608 8083 Email: cdouglas214@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): House Bill 68

Specific Issue: Safe Act

Are you testifying as a: Proponent Opponent Interested Party

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? Written testimony only

Please provide a brief statement on your position:

I strongly oppose HB68. It is discriminatory and endangers the lives of transgender humans! It is harmful and hateful.

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.

12. 4. 2023

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I strongly oppose HB. 68 / Safe Act.
This resolution is discriminatory. It endangers the
lives of transgender people! We are so much
better than this OHIO, lets do the right thing and
PROTECT our transgender citizens!!

Sincerely,

Cathy Douglas

3276 Fox Run Dr.

Richfield, OH 44286

(Cathy Douglas)