

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 4, 2025

Name: Danielle Firsich

Are you representing: Yourself ☐ Organization ☒

Organization (If Applicable): Planned Parenthood Advocates of Ohio

Position/Title: Director of Public Policy

Address: 444 West Exchange Street

City: Akron State: Ohio Zip: 44302

Best Contact Telephone: 614.224.2235 Email: danielle.firsich@ppao.org

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 29

Specific Issue: inmates' access to feminine hygiene products and showers

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? N/A--WRITTEN ONLY

Please provide a brief statement on your position: I strongly urge the committee to vote yes on House Bill 29.

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.