

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: October 23, 2025

Name: Roberta Sommer

Are you representing: Yourself :  Organization

Organization (If Applicable):

Position/Title:

Address: 1621 Maple View Ct

City: Streetsboro State: Ohio Zip: 44241

Best Contact Telephone: 440-221-2554 Email: bobbimail1@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): HB249

Specific Issue: Indecent Exposure

Are you testifying as a: Proponent  Opponent  Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes  No  Written Statement

(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 am completely in agreement that no one's children should be exposed to Indecent Exposure or Acts when attending any place/event where this occurs. How any "performer" can complain that their rights are being restricted by this modernization legislation is being disingenuous as these types of performances can still be allowed in the presence of adults.