WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date:	10/9/23		
Name:	Mofolusho Alli		
Are you representing: Yourself ▼ Organization □			
Organization (If Applicable):			
Position/Title: student in ohio			
Address: 3090 Northwest Blvd			
City: Upper Arl	ington State:	ОН	Zip: 43221
Best Contact Telephone: 740-953-9021 Email: mofolusho.alli@osumc.edu			
Do you wish to be added to the committee notice email distribution list? Yes □ No 🗷			
Business before the committee			
Legislation (Bill/Resolution Number): HB 183			
Specific Issue: bathroom ban			
Are you testifying as	a: Proponent □	Opponent X	Interested Party □
Are you testifying: In-Person □ Written-Only 🗷			
Will you have a written statement, visual aids, or other material to distribute? Yes \Box No $f X$			
` •			ents, if possible, to the Chair's pies to the Chair's staff prior to
How much time will your testimony require? n/a			

Please provide a brief statement on your position:

I do not agree with the premise of this bill to ban transgender/non-binary people from the bathroom of their choosing. This effectively forces people to use bathrooms that often do not align with their physical appearance, and in our current political climate, this posses an immediate threat to their physical safety. The large majority of transmen and transwomen use the bathrooms of their gender with little to no incidence on their part. They are not instigators of harassment but are often the target of such regardless of what bathroom they ultimately use. Yet there is no public outcry to address the bigotry and violence that constantly threaten transgender youth. The bottom line, it seems, is to ban these people from the public sphere all together. This is abhorent and I am ashamed the bill is even purposed.

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.