WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:
Date:
Name: Steven Cothrel
Are you representing: Yourself ☒ Organization □
Organization (If Applicable):
Position/Title:
Address: 6141 lancaster - Kirkersville Rd. NW
City: Baltimore State: 6H Zip: 43105
Address: <u>6141 lancaster - Kirkersrille Rd. NW</u> City: <u>Baltimore</u> State: <u>614</u> Zip: <u>43105</u> Best Contact Telephone: <u>614.562.7555</u> Email: <u>srothrel@gmail.com</u>
Do you wish to be added to the committee notice email distribution list? Yes ☐ No ☒
Business before the committee
_egislation (Bill/Resolution Number):
Specific Issue: <u>Bathroom Ban</u>
re you testifying as a: Proponent □ Opponent ໘ Interested Party □
re you testifying: In-Person □ Written-Only ເ
Vill 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
Please provide a brief statement on your position: This issue is for local governments. Please keep the state out of local education policy. The hill addresses a non-problem and will cause four more harm and confusion than it prevents. Render identity exists on a continuum, not as a simple male-female binary-Allow people to be themselves without threats and harassment by their own government. Ohioans outside the statehouse are not nateful people. 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.