

## WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 5/22/23

Name: Nicholas Boterf

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: Freelance Editor

Address: 370 S 5th St Ste G3

City: Columbus State: OH Zip: 43215

Best Contact Telephone: 650-260-5249 Email: \_\_\_\_\_

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: Denying trans people healthcare

Are you testifying as a: Proponent  Opponent  Interested Party

Are you testifying: In-Person  Written-Only

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? \_\_\_\_\_

Please provide a brief statement on your position: I am writing in support of healthcare for trans people. I find it ridiculous that a bunch of white men think they have the understanding and expertise to overrule doctors and a settled scientific consensus. It is beyond disgraceful. For the record, in my former career as a high school teacher, I taught transgender students. They were some of my best students, and they

are worthy of the same respect, dignity, and right to self-determination as any cis student.

*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.*