

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: May 22, 2023

Name: Anthony F. Ciramella

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 9275 Somerset CT.

City: Dayton State: OH Zip: 45458

Best Contact Telephone: 937-885-1147 Email: tonycir@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): HB68

Specific Issue: Ohio's Ban on Gender Affirming Care

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:

Medical decisions should be kept between a patient, their legal guardian and medical professionals. Parents/guardians are best equipped to make these complex medical decisions and should have the right to decide the best treatment for their child. They are all God's children and should have the health care they need.

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.