

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 5-22-23

Name: LINDA NIX

Are you representing: Yourself  Organization

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

Position/Title: \_\_\_\_\_

Address: 4243 Millikin Rd

City: Liberty Twp State: OH Zip: 45011

Best Contact Telephone: 513-312-6029 Email: niliab1@msn.com

Do you wish to be added to the committee notice email distribution list? Yes  No

## Business before the committee

Legislation (Bill/Resolution Number): HB 68

Specific Issue: banning 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? 5-10 minutes

Please provide a brief statement on your position:

*This bill should be against every person on this committee. It take medical freedom and patient and parental rights away*

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.