

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 05/21/2023

Name: William Stevens

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: _____

Address: 35 Robinglen Ct.

City: Springboro State: OH Zip: 45066

Best Contact Telephone: 937-748-5282 Email: wstevens@woh.rr.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 --- Opposition Testimony

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: **Please reconsider your position on this bill. Do you really feel that gov't intrusion into some of the most personal conversations and medical discussions and treatments is in the best interest of these children? The parents, the doctors and the patients need their privacy and access to all of the best medical advice and treatment available without the second guessing and interference of third parties ESPECIALLY THE GOV'T!!!**

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.