WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 3/7/2	5	
Name: Johr	n Dinsmore	
Are you repress Organization (I	enting: Yourself 🖌 Organization [If Applicable): Wright State U	
Position/Title:	Professor of Marketing	
Address: 1969 Springtree Ct		
City: Dayton	State: OH	Zip: <u>45459</u>
Best Contact T	elephone: <u>804-237-9574</u>	Email: john.b.dinsmore@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): SB1		
Specific Issue: "Freedom of Speech" in class room		
Are you testifying as a: Proponent 🗌 Opponent 🗌 Interested Party 🗌		
Will you have a written statement, visual aids, or other material to distribute? Yes \checkmark No \square		
· · ·		ocuments, if possible, to the Chair's office prior o the Chair's staff prior to committee.)
How much tim	e will your testimony require?	

Please provide a brief statement on your position:

I would offer that the intent of SB1 is not to encourage the free exchange of ideas, but to stifle it. If you create an environment where discourse and respectful disagreement could result in someone's job being at risk, you will severely denigrate the quality of education. Discussions, if they take place at all, will be half-hearted.

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.