

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 6/14/2021 _____

Name: Kenneth Krummrich _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): _____

Position/Title: _____

Address: 6100 Vincine Circle NW _____

City: Canton _____ State: OH _____

Phone: 330-495-6528 Email: ken848851@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): SB 168 _____

Specific Issue: _____

Are you testifying as a: Proponent _____ Opponent Interested Party _____

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? Written Testimony _____

Please provide a brief statement on your position:

I STRONGLY OPPOSE SB 168. I am a lifelong Republican and retired Executive with Timken Corp. I pay property taxes with the expectation that my school district will keep my children safe. Putting our children in close contact with more guns will put them at more risk. This bill does not inform parents about the amount or appropriateness of training that School Designees will have to complete. We should have a chance to know this, and a chance to comment on it before any such bill passes. I expect you to make a rational decision and vote NO on SB 168..

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.