WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date:	September 21, 2021	
Name:	Steven R. Reynolds	
Are you	u representing: Yourself 🗸 Organization 🗌]
Organiz	zation (If Applicable):	
Position	n/Title:	
Address	s:1070 Virginia Ave	
City:	Grandview Hts. <u>State:</u> OH	Zip: <u>43212</u>
	ontact Telephone: <u>614-486-8911</u>	
Do you wish to be added to the committee notice email distribution list? Yes 🗌 No 🗌		
Busines	ss before the committee	
]	Legislation (Bill/Resolution Number): H	3 322
5	Specific Issue: Teaching of Prohibited	Concepts
Are you	ı testifying as a: Proponent 🗌 Opponent 🗸	Interested Party
Will yo	ou have a written statement, visual aids, or o	ther material to distribute? Yes 🗌 No 🖌
(If yes,	please send an electronic version of the doo	cuments, if possible, to the Chair's office prior
to committee. You may also submit hard copies to the Chair's staff prior to committee.)		
Will yo	our testimony be written, spoken, or both?	Written

Please provide a brief statement on your position:

I am appalled that my state would even contemplate the passage off HB 322. The Founders of our great Nation made it very clear that freedom of expression is at the very root of democracy. Ignorance and cover-ups should not be a part of our children's curriculum. Please reject the misguided and Un-American concepts put forth in HB 322.

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.