



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1365		DATE: 4/22/2021	
COMMITTEE: Local Government			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TIM BRINKER		PHONE NUMBER: 636-583-6360	
BUSINESS/ORGANIZATION NAME: FRANKLIN COUNTY MISSOURI		TITLE: PRESIDING COMMISSIONER	
ADDRESS: 400 E. LOCUST			
CITY: UNION		STATE: MO	ZIP: 63084
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/22/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/8/2021 12:11 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am opposed to this Bill. I present the following changes: five (5) Members to be Appointed by the County Executive with the Confirmation of a Majority of the County Council, four (4) Members to be Appointed by the Mayor with the Majority Confirmation Vote of the Board of Alderman, one (1) Appointment by the Governor from the County and One (1) Appointment from the City by the Governor, with the Confirmation by the State Senate.



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WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/22/2021 1:20 AM
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I Opposed to this Bill. I would like see the following Appointments and Confirmation Process. Five (5) Members shall be Appointed by the Cojnty Exective with the Confirmation of the Majority Members of the County Council. The Mayor of the City Shall Appoint four (4) Members with the Confirmation of the Majority Members of the Board of Alderman. Two (2) members shall be Appointed by the Government with the Confirmation of the majoity Members of the State Senate.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KATHLEEN M. RATCLIFFE		PHONE NUMBER: 314-421-1023	
BUSINESS/ORGANIZATION NAME: REGIONAL CONVENTION & VISITORS COMMISSION		TITLE: PRESIDENT	
ADDRESS: 701 CONVENTION PLAZA, SUITE 300			
CITY: ST. LOUIS		STATE: MO	ZIP: 63101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/22/2021 12:00 AM	

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