



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 252		DATE: 1/28/2021	
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: TRACY KIMBERLIN, CDME		PHONE NUMBER: 417-894-7282	
BUSINESS/ORGANIZATION NAME: SPRINGFIELD VISITORS & CONVENTION BUREAU		TITLE: PRESIDENT/CEO	
ADDRESS: 815 E. ST. LOUIS STREET			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65806
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILLIAM MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: THE CITY OF SPRINGFIELD		TITLE:	
ADDRESS: 840 BOONVILLE AVENUE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65802
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILLIAM MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: GOVERNMENTAL SERVICES GROUP		TITLE:	
ADDRESS: 213 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2021 12:00 AM	
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