

BILL NUMBER: HB 920			DATE: 2/3/2021	
COMMITTEE: Downsizing State Government				
TESTIFYING: IN SUPPORT OF	▼ IN OPPOSITION TO		ATIONAL PURPOSES	
	WITNESS NAME			
BUSINESS/ORGANIZATION:				
		PHONE NUMB 417862556		
BUSINESS/ORGANIZATION NAME: SPRINGFIELD AREA CHAMBER OF COM	IMERCE	TITLE: PRESIDEN	IT AND CEO	
ADDRESS: 202 S. JOHN Q. HAMMONS PARKWAY				
CITY: SPRINGFIELD		STATE: MO	ZIP: 65806	
EMAIL: ATTENDANCE: Written			SUBMIT DATE: 2/3/2021 12:00 AM	
THE INFORMATION ON THIS FOR				
February 3, 2021The Honorable Ben Bak GovernmentHouse Committee on Downs DJefferson City, MO 65101Dear Chairma State Government:On behalf of the Sprin businesses, please accept this letter of o municipal and primary elections is impo throughout the year to hold elections, ar voters to engage. The April ballot include elections in most communities, and vote community's ability to give voters the op governance is important and preserving your consideration of opposition to HB 9	sizing State Government20 n Baker and members of the opposition for House Bill 92 rtant for several reasons. T ad decreasing these option as important local races for rs have come to expect the oportunity to participate in options for municipal elec	1 W Capitol Aver the House Commi- commerce and ou 20. Preserving the There are already is negatively imp r city council and at. Eliminating to local elections. tions is part of the	nue, Room 201- ittee on Downsizing r over 1500-member ne April option for y limited options bacts the ability for d school board this option limits a We believe good hat. Thank you for	

Area Chamber of Commerce 202 S John Q Hammons Parkway Springfield, MO 65806



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	WITNES	S NAME		
REGISTERED LOBBYIST:				
WITNESS NAME: RICHARD SHEETS			PHONE NUMB 573-635-91	
REPRESENTING: MISSOURI MUNICIPAL LEAGUE			TITLE:	
ADDRESS: 1727 SOUTHRIDGE DRIVE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:	ATTENDAM	NCE:	SUBMIT DATE: 2/3/2021 12:00 AM	
THE INFORMATION ON TH	IS FORM IS PUB	LIC RECOR	D UNDER CHAI	PTER 610, RSMo.



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		WITNESS NAME		
REGISTERED LOBE	BYIST:			
WITNESS NAME: SCOTT KIMBLE			PHONE NUMB	ER:
REPRESENTING: MISSOURI ASSOCIAT	ION OF SCHOOL A	DMINISTRATORS	TITLE:	
ADDRESS: 3550 AMAZONA DRIVI	E			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT D. 2/3/202	ATE: 1 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



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TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO		TIONAL PURPOSES
		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: WILLIAM			PHONE NUMBI 573636587	
REPRESENTING: CITY OF SPRINGI	FIELD		TITLE: CONSULT	ANT
ADDRESS: 213 E CAPITOL A	VE			
CITY: JEFFERSON CITY	(STATE: MO	ZIP: 65101
EMAIL: govservicesjcmo	@gmail.com	ATTENDANCE: Written	SUBMIT D. 2/3/202	ATE: 1 12:00 AM
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intended to addre	ess this apathy and perh as serious concerns ab	Ilenge for all communitie haps, even save election out moving municipal ele	dollars. However, ections from the sp	the City of oring to the fall and
community initiat often a stimulant suggest that char democracy.3) County, State and disrupt the focus	red to community speci ives.2) Our experience to voter turnout than th nging election dates for We believe tha I Federal candidates an needed for local candid	ific items such as local of e indicates that a specific e date of an election. We cities and school district it sharing a ballot contain d questions will create ba dates and municipal ques of that has too many can	fficials, local taxes ballot question o have not yet see s will result in enling an already vo allot fatigue to the tions. Voters nee	and other local r candidate is more n evidence to nanced luminous number of voter and may d time to be familiar

consideration of our request!! City of Springfield



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TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: WILLIAM MARRS		PHONE NUMBER: 5736365873		
REPRESENTING: THE CITY OF SPRI	NGFIELD		TITLE: CONSULT	ANT
ADDRESS: 213 E CAPITOL AV	Έ		·	
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: willmarrs@gmail.c	om	ATTENDANCE: Written	SUBMIT DATE: 2/3/2021 12:00 AM	
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Please see written	testimony from the Ci	ty of Springfield		



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		WITNESS NAME			
REGISTERED L	OBBYIST:				
WITNESS NAME: MARK RHOADS			PHONE NUM 573-645-0		
REPRESENTING: MISSOURI ASSOCIATION OF COUNTY CLERKS AND ELECTION AUTHORITIES		TITLE:			
ADDRESS: 112 EAST HIGH S	TREET				
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65101	
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	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: TRISH VINCENT		PHONE NUMB 573-751-87	
BUSINESS/ORGANIZATION NAME: MISSOURI SECRETARY OF STATE		TITLE:	
ADDRESS: 600 WEST MAIN STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/3/2021 12:00 AM	
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