

BILL NUMBER: HB 667				DATE: 2/27/2023
COMMITTEE: Special Committee	e on Government Acco	ountability		
TESTIFYING:	☑IN SUPPORT OF	PORT OF IN OPPOSITION TO FOR INFORMATIONAL PURPOSES		
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: HANNAH SWANN			PHONE NUMI 573-751-5	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS: CAPITOL ROOM 1	25		·	
CITY: JEFFERSON CITY			STATE: MO	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/27/2023 12:00 AM	
THE INCORMATION ON THIS CORM IS DIRE IC DECORD LINDER CHARTER 610, DSM				



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TESTIFYING: VIN SUPPORT	T OF IN OPPOSITION	TO ☐FOR INFORM	NATIONAL PURPOSES	
	WITNESS NAME			
REGISTERED LOBBYIST:				
WITNESS NAME: KATHRYN GAMBLE		PHONE NUM 573-634- 4		
REPRESENTING: FRIENDS OF THE ZOO, INC. OF KANSAS CITY, MO				
ADDRESS: 213 E. CAPITOL AVE.				
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101	
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/27/2023 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		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: SAM PANETTIERE			PHONE NUME 816-714-6	
REPRESENTING: CITY OF KANSAS	CITY		TITLE:	
ADDRESS: 414 E. 12TH ST.				
CITY: KANSAS CITY			STATE: MO	ZIP: 64106
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/27/2023 12:00 AM	
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BILL NUMBER: DATE: 2/27/2023 **HB 667** COMMITTEE: **Special Committee on Government Accountability** ☐ IN SUPPORT OF ✓ IN OPPOSITION TO FOR INFORMATIONAL PURPOSES **TESTIFYING: WITNESS NAME** INDIVIDUAL: WITNESS NAME: PHONE NUMBER: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE **BUSINESS/ORGANIZATION NAME:** TITLE: ADDRESS: CITY: STATE: ZIP: EMAIL: arniedienoff@yahoo.com SUBMIT DATE: 2/27/2023 11:26 PM ATTENDANCE: Written

I am Opposed to this Bill at this Point. Information on People Testifying in Public Hearings and at Public Meetings shall be a Matter of Public Record. Tax Credits given to Not-for-Profits and other information shall be Disclosed and Transparent under the Law.

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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES	
WITNESS NAME					
INDIVIDUAL:					
WITNESS NAME: SUSAN GIBSON			PHONE NUME	BER:	
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: Onesuegibson@protonmail.com		ATTENDANCE: Written		SUBMIT DATE: 2/24/2023 6:42 PM	
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TESTIFYING:	☐ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LOBBYIST:				
WITNESS NAME: JIM GWINNER			PHONE NUME 314-791-2	
REPRESENTING: MISSOURI CENTURY FOUNDATION TITLE:				
ADDRESS: 16 LOREN WOODS				
CITY: ST. LOUIS			STATE: MO	ZIP: 63124
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/27/2023 12:00 AM	
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