

| BILL NUMBER:<br>HCR 13  |                 |                        |             | DA <sup>-</sup><br>2/2          | TE:<br>2 <b>1/2023</b> |  |
|---|-----------------|------------------------|-------------|---------------------------------|------------------------|--|
| COMMITTEE:<br>Special Committee   | e on Tourism    |                        |             | •                               |                        |  |
| TESTIFYING:   | ✓ IN SUPPORT OF | IN OPPOSITION TO       |             | ORMATIC                         | NAL PURPOSES           |  |
|   |                 | WITNESS NAME           |             |                                 |                        |  |
| INDIVIDUAL:   |                 |                        |             |                                 |                        |  |
| WITNESS NAME: PHONE ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE  |                 |                        | DNE NUMBER: |                                 |                        |  |
| BUSINESS/ORGANIZATION NAME:   |                 |                        | TITLE:      | TITLE:                          |                        |  |
| ADDRESS:  |                 |                        |             |                                 |                        |  |
| CITY:   |                 |                        | STATE:      |                                 | ZIP:                   |  |
| EMAIL:<br>arniedienoff@yahoo.com  |                 | ATTENDANCE:<br>Written |             | SUBMIT DATE: 2/21/2023 11:32 PM |                        |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.  |                 |                        |             |                                 |                        |  |
| I am in Support of this Bill and the General Concept. We NEED to Recognize Our 250th Anniversary of<br>the "Declaration of Independence." |                 |                        |             |                                 |                        |  |



| BILL NUMBER:<br>HCR 13   |                 |                  |              | DATE:<br>2/21/2023                 |  |  |
|--|-----------------|------------------|--------------|------------------------------------|--|--|
| COMMITTEE:<br>Special Committee on Tourism                             |                 |                  |              |                                    |  |  |
| TESTIFYING:  | ✓ IN SUPPORT OF | IN OPPOSITION TO |              | RMATIONAL PURPOSES                 |  |  |
|  |                 | WITNESS NAME     |              |                                    |  |  |
| INDIVIDUAL:  |                 |                  |              |                                    |  |  |
| WITNESS NAME:<br>CLIFFORD OLSEN  | I               |                  | PHONE NU     | JMBER:                             |  |  |
| BUSINESS/ORGANIZATIO   | DN NAME:        |                  | TITLE:       |                                    |  |  |
| ADDRESS:   |                 |                  | •            |                                    |  |  |
| CITY:  |                 |                  | STATE:       | ZIP:                               |  |  |
| EMAIL:   |                 | ATTENDANCE:      | SUBM<br>2/21 | SUBMIT DATE:<br>2/21/2023 12:00 AM |  |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                 |                  |              |                                    |  |  |



| BILL NUMBER:<br>HCR 13   |                 |                  |         | DAT<br><b>2/2</b>                  | те:<br>1/2023 |  |
|--|-----------------|------------------|---------|------------------------------------|---------------|--|
| COMMITTEE:<br>Special Committee on Tourism                             |                 |                  |         |                                    |               |  |
| TESTIFYING:  | ✓ IN SUPPORT OF | IN OPPOSITION TO | FOR INF | ORMATIO                            | NAL PURPOSES  |  |
|  |                 | WITNESS NAME     |         |                                    |               |  |
| INDIVIDUAL:  |                 |                  |         |                                    |               |  |
| WITNESS NAME:<br>ESTHER ROSNER   |                 |                  | PHONE   | E NUMBER:                          |               |  |
| BUSINESS/ORGANIZATIO   | DN NAME:        |                  | TITLE:  |                                    |               |  |
| ADDRESS:   |                 |                  |         |                                    |               |  |
| CITY:  |                 |                  | STATE   | i:                                 | ZIP:          |  |
| EMAIL:   |                 | ATTENDANCE:      |         | SUBMIT DATE:<br>2/21/2023 12:00 AM |               |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                 |                  |         |                                    |               |  |



| BILL NUMBER:<br>HCR 13   |                        |                                   | DATE:<br><b>2/21/2023</b> |  |
|--|------------------------|-----------------------------------|---------------------------|--|
| COMMITTEE:<br>Special Committee on Tourism                             |                        |                                   |                           |  |
| TESTIFYING:  | ✓ IN OPPOSITION TO     |                                   | ATIONAL PURPOSES          |  |
|  | WITNESS NAME           |                                   |                           |  |
| INDIVIDUAL:  |                        |                                   |                           |  |
| WITNESS NAME:<br>SUSAN GIBSON  |                        | PHONE NUME                        | BER:                      |  |
| BUSINESS/ORGANIZATION NAME:  |                        | TITLE:                            |                           |  |
| ADDRESS:   |                        |                                   |                           |  |
| CITY:  |                        | STATE:                            | ZIP:                      |  |
| EMAIL:<br>Onesuegibson@protonmail.com                                  | ATTENDANCE:<br>Written | SUBMIT DATE:<br>2/18/2023 3:05 PM |                           |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                        |                                   |                           |  |
| I oppose the politicization of the appointees to the commission.       |                        |                                   |                           |  |