



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HR 561		DATE: 3/21/2023	
COMMITTEE: Special Committee on Tourism			
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: DIANE GILLESPIE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: JEFFERSON CITY CONVENTION AND VISITORS BUREAU		TITLE: DIRECTOR	
ADDRESS: 700 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ROBBIE MYERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/21/2023 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TRISH ERZFELD		PHONE NUMBER: 573-517-2069	
BUSINESS/ORGANIZATION NAME: MISSOURI ECLIPSE TASK FORCE		TITLE: CHAIR	
ADDRESS: 508 NORTH MAIN STREET			
CITY: PERRYVILLE		STATE: MO	ZIP: 63775
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/21/2023 11:55 PM
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Really!