



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1924		DATE: 2/13/2024
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		
REGISTERED LOBBYIST:		
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER:
REPRESENTING:		TITLE:
ADDRESS: P.O. BOX 156		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DR. JERRY HOBBS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GERARD J. GRIMALDI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gerardgrimaldi@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/13/2024 11:40 AM

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Please pass HB 1924! I submit this testimony as an individual. F(I am a registered lobbyist for University Health.)



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SUSAN HENDERSON MOORE		PHONE NUMBER: 573-268-6928	
REPRESENTING: POLSINELLI		TITLE:	
ADDRESS: 630 BOLIVAR STREET, SUITE 201			
CITY: JEFF CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TYLER TRAVERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/13/2024 12:00 AM
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