

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 2246				DAT 1/2	E: 3/2024
COMMITTEE: Local Government				·	
TESTIFYING: ✓IN SUI	PPORT OF [IN OPPOSITION TO	☐FOR II	NFORMATIO	NAL PURPOSES
		WITNESS NAME			
BUSINESS/ORGANIZATI	ON:				
WITNESS NAME: AMY BROWN				ONE NUMBER: 3-748-2524	
BUSINESS/ORGANIZATION NAME: NEW MADRID COUNTY			CC	LE: DUNTY CLEF	RK
ADDRESS: 450 MAIN ST					
CITY: NEW MADRID			STA MC	ATE:)	ZIP: 63869
EMAIL: amybrown@newmadridcoun	ntymo.gov	ATTENDANCE: Written		SUBMIT DATE: 1/22/2024 8	:20 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

This tax would be a benefit for our county without adding tax to our citizens by taxing travelers. We would like the ability to put this to a vote to help fund our law enforcement and tourism. Our county is already extremely burdened with what it takes to support our law enforcement and would appreciate another option to help.l



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COMMITTEE: Local Governmen	t			•	
TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO		IATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE PHONE NUMBER:				BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: In-Person		SUBMIT DATE: 1/23/2024 11:57 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMA					

I am Opposed to New unfair Taxes and hinders Economic Development. Please see the House archived video or audio Public Testimony under "Media.



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TESTIFYING:	\square IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CATHARINE KAH	RIG		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: cat924@icloud.co	m	ATTENDANCE: Written	SUBMIT DATE: 1/18/2024 2:36 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

In opposition to this bill



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TESTIFYING:	☐ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	BBYIST:				
WITNESS NAME: TRACY KIMBERLIN			PHONE NUME 417-894-7		
REPRESENTING: MISSOURI ASSOCIATION OF CONVENTION & VISITORS BUREAUS LOBBYIST FOR THE MISSOURI ASSOCIATIO CONVENTIO			I ASSOCIATION OF		
ADDRESS: 3391 W. BLUFFVIEW	v st		<u>.</u>		
CITY: SPRINGFIELD			STATE: MO	ZIP: 65810	
EMAIL: kimberlintracy@gm	ail.com	ATTENDANCE: Written		SUBMIT DATE: 1/22/2024 4:06 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.					

Please see the statement for HB 1984. Thank you.