



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |      |
|--|-------------|---|------|
| BILL NUMBER:<br><b>HB 636</b>  |             | DATE:<br><b>2/19/2025</b>                 |      |
| COMMITTEE:<br><b>Special Committee on Tourism</b>  |             |   |      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |      |
| <b>WITNESS NAME</b>  |             |   |      |
| <b>INDIVIDUAL:</b>   |             |   |      |
| WITNESS NAME:<br><b>ANDREW LEFORS</b>  |             | PHONE NUMBER:                             |      |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                                    |      |
| ADDRESS:   |             |   |      |
| CITY:  |             | STATE:                                    | ZIP: |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>2/19/2025 12:00 AM</b> |      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |      |



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| <b>WITNESS NAME</b>   |                               |  |
| <b>INDIVIDUAL:</b>  |                               |  |
| WITNESS NAME:<br><b>NICOLE ARSLANBAS</b>  |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:   |                               | TITLE:                                   |
| ADDRESS:  |                               |  |
| CITY:   | STATE:                        | ZIP:                                     |
| EMAIL:<br><b>nicolearslanbas@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/17/2025 6:12 PM</b> |

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I regret that I am not in attendance today but I am writing to humbly request that a highway be named in honor of my son, Sgt. Colin I. Arslanbas, who was tragically killed in a training accident on April 18, 2024, while serving as a United States Marine. Colin dedicated his life to protecting this country, and I can think of no better way to honor his sacrifice than by ensuring his name is remembered by those who travel through our community. Colin was a remarkable young man—brave, selfless, and always willing to put others before himself. From a young age, he had a deep sense of duty and an unshakable determination to serve. He met every challenge with courage, and his unwavering commitment to his fellow Marines made him a leader among his peers. His sacrifice was made in service to something greater than himself, and his memory deserves to stand as a testament to the kind of person he was. But Colin was not just a Marine—he was also a son, a brother, a husband, and a father. He left behind a pregnant wife, and now his beautiful daughter, Margot, is growing up in St. Charles County without the chance to know the incredible man her father was. Losing Colin has left a hole in my heart that will never heal. Every day, I wake up feeling the weight of his absence, missing his laugh, his warmth, and the way he could light up a room with his humor. He had a way of making people smile, even in the hardest moments, and that is something I will always cherish. Naming a highway after Colin would not only honor his service but also serve as a reminder to all who pass by of the sacrifice made by those who wear the uniform. It would give his family, his daughter, and this community a place to remember him—a lasting tribute to his courage, his kindness, and the life he gave in service to this nation. I sincerely hope you will consider this request and help ensure that Sgt. Colin I. Arslanbas is never forgotten. Thank you for your time and consideration. Sincerely, Nicole L Arslanbas



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| <b>WITNESS NAME</b>  |             |                           |   |
| <b>INDIVIDUAL:</b>   |             |                           |   |
| WITNESS NAME:<br><b>STERLING WESCOTT</b>   |             | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                    |   |
| ADDRESS:   |             |                           |   |
| CITY:  |             | STATE:                    | ZIP:                                      |
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| <b>WITNESS NAME</b>  |                               |   |
| <b>INDIVIDUAL:</b>   |                               |   |
| WITNESS NAME:<br><b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                               | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                    |
| ADDRESS:   |                               |   |
| CITY:  |                               | STATE:      ZIP:                          |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>2/19/2025 11:59 PM</b> |
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