



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 967</b>		DATE: <b>4/2/2025</b>	
COMMITTEE: <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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>CHRIS ROEPE</b>		PHONE NUMBER:	
REPRESENTING: <b>CITY OF BRANSON</b>		TITLE:	
ADDRESS:			
CITY:		STATE: <b>MO</b>	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/2/2025 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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>KATIE GAMBLE</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI HOTEL LODGING ASSOCIATION</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/2/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MONICA EVINGER</b>		PHONE NUMBER: <b>417-243-2103</b>	
BUSINESS/ORGANIZATION NAME: <b>BRANSON/LAKES AREA CHAMBER OF COMMERCE &amp; CVV</b>		TITLE: <b>VP GOVERNMENT AFFAIRS</b>	
ADDRESS: <b>4100 GREтна RD</b>			
CITY: <b>BRANSON</b>		STATE: <b>MO</b>	ZIP: <b>65616</b>
EMAIL: <b>mevinger@bransoncvb.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>4/2/2025 9:09 AM</b>

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The committee changes makes sense and should create a more efficient process. Appropriate funding to the Division each year is vital to the state's economy. It is an investment in the state as taxes collected from our visitors greatly outweighs the appropriation. Those taxes help to fund many necessary items in the state budget.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>TRACY KIMBERLIN</b>		PHONE NUMBER: <b>417-894-7282</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF CONVENTION &amp; VISITOR BUREAUS</b>		TITLE:	
ADDRESS: <b>3391 WEST BLUFFVIEW STREET</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65810</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/2/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>4/2/2025 11:47 PM</b>

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**I am Opposed to this Bill and changing the current Funding of Tourism.**