



#### 2021 House Independent Bipartisan Citizens Commission

## WITNESS APPEARANCE FORM

November 10, 2021

WITNESS INFORMATION				
Please complete <b>ONE</b> of the following sections.			Please Print	
Individual: if testifying only on behalf of yourself, please complete t	his section.			
Witness Name		Phone Number		
MITCH WRENN Home Address		660-376-2869		
598 W. LATTE				
City	State		Zip Code	
MARCELine	mo.		64658	
Business/Organization: if testifying on behalf of a business or orga	nization, please comp	lete this sec	ction.	
Witness Name		Title		
MITelf Whem Business/Organization Name:		Men her		
		Phone Nu	ımber	
LINN COUNTY WEM'S CLUB Home Address		SAME		
Home Address	100			
SAME				
City	State		Zip Code	
SAME	SAME		SAME	
Registered Lobbyist: if registered with the Missouri Ethics Commiss	sion and testifying on	behalf of a l	ousiness,	
organization or government agency, please complete this section.				
Witness Name			Phone Number	
Business, organization or government agency name as register	ed with the Ethics Co	ommission	(Do not use	
acronyms).				
TECTINACNIV				
TESTIMONY				
Please briefly summarize the testimony to be presented.				
Genymandered Mancline, MO ~	- My home	tow	n	
INFORMATION PROVIDED IS PUBLIC RECORD UNDER CHAI	PTER 610, RSMo.			





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Please complete ONE of the following sections.			Please Print			
Individual: if testifying only on behalf of yourself, please complete t	his section.					
Witness Name		Phone Nui	mber			
Andrea Jackson		660-349-0988				
Home Address  28496 Nature Lune						
La Plata	State		Zip Code 63549			
Business/Organization: if testifying on behalf of a business or orga	nization, please comp	lete this sect	tion.			
Witness Name		Title				
Business/Organization Name:	Phone Number		mber			
Home Address						
City	State	Ž	Zip Code			
Registered Lobbyist: if registered with the Missouri Ethics Commiss	sion and testifying on I	pehalf of a b	usiness,			
organization or government agency, please complete this section.						
Witness Name		Phone Nui	mber			
Business, organization or government agency name as registere acronyms).	ed with the Ethics Co	ommission	(Do not use			
TESTIMONY						
Seeking fair & equal representation for our rural area —						
INFORMATION PROVIDED IS PUBLIC RECORD UNDER CHAI	PTFR 610 RSMo					



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Individual: if testifying only on behalf of yourself, please complete the	his section.			
Witness Name		Phone Number		
Home Address  1512 Ridge line Dr.		660-263-5725		
Home Address				
1512 Ridgeline Dr.				
City	State	Zi	p Code	
Moberty	mo	6	5270	
Business/Organization: if testifying on behalf of a business or orga	nization, please com	plete this section	on.	
Witness Name		Title		
usiness/Organization Name:		Phone Num	Phone Number	
		Thome Ivan		
Hama Address				
Home Address				
City	State	Zi	p Code	
Registered Lobbyist: if registered with the Missouri Ethics Commiss	sion and testifying or	n behalf of a bu	siness.	
organization or government agency, please complete this section.	, i			
Witness Name	Witness Name		Phone Number	
Business, organization or government agency name as registere	ed with the Ethics (	l Commission (I	Do not use	
acronyms).	is with the Ethios	(1	30 1101 430	
TESTIMONY				
A STATE OF THE PROPERTY OF THE				
Please briefly summarize the testimony to be presented.		***************************************		
attached 4 sent on line				
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INFORMATION PROVIDED IS PUBLIC RECORD LINDER CHAR	OTED 610 DSMa			