



Please complete **ONE** of the following sections. Please Print

Witness Name	Phone Number
JIM W. MARTIN	573-513-6448

Home Address		
429 GREEN MEADOWS LN.		
City	State	Zip Code
PERRYVILLE	Mo.	63775

Witness Name	Title
Business/Organization Name:	Phone Number

Home Address		
City	State	Zip Code

Witness Name	Phone Number
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).	

Please briefly summarize the testimony to be presented.

INFORMATION PROVIDED IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

#2



2021 House Independent Bipartisan Citizens Commission

## WITNESS APPEARANCE FORM

November 8, 2021

## WITNESS INFORMATION

Please complete **ONE** of the following sections.

Please Print

**Individual:** if testifying only on behalf of yourself, please complete this section.

Witness Name <i>Andy Leighton</i>		Phone Number <i>573-275-1682</i>
Home Address <i>3922 Valley View Ln</i>		
City <i>Cape Girardeau</i>	State <i>MO</i>	Zip Code <i>63701</i>

**Business/Organization:** if testifying on behalf of a business or organization, please complete this section.

Witness Name		Title
Business/Organization Name:		Phone Number
Home Address		
City	State	Zip Code

**Registered Lobbyist:** if registered with the Missouri Ethics Commission and testifying on behalf of a business, organization or government agency, please complete this section.

Witness Name	Phone Number
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).	

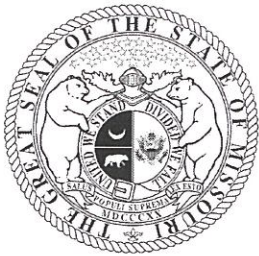
## TESTIMONY

Please briefly summarize the testimony to be presented.

*Fairness in map drawing of legislative districts.*



#3



2021 House Independent Bipartisan Citizens Commission

## WITNESS APPEARANCE FORM

November 8, 2021

## WITNESS INFORMATION

Please complete **ONE** of the following sections.

Please Print

**Individual:** if testifying only on behalf of yourself, please complete this section.

Witness Name <i>Ray Grant</i>	Phone Number <i>573 548 3507</i>
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Home Address  
*358 Amity*

City <i>Beaufort</i>	State <i>Mo</i>	Zip Code <i>63736</i>
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**Business/Organization:** if testifying on behalf of a business or organization, please complete this section.

Witness Name	Title
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Business/Organization Name:	Phone Number
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Home Address

City	State	Zip Code
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**Registered Lobbyist:** if registered with the Missouri Ethics Commission and testifying on behalf of a business, organization or government agency, please complete this section.

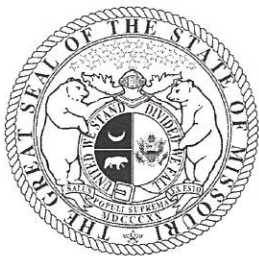
Witness Name <i>R</i>	Phone Number
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Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).

## TESTIMONY

Please briefly summarize the testimony to be presented.

*The repair of small engine*



2021 House Independent Bipartisan Citizens Commission

# WITNESS APPEARANCE FORM

November 8, 2021

## WITNESS INFORMATION

Please complete **ONE** of the following sections.

Please Print

**Individual:** if testifying only on behalf of yourself, please complete this section.

Witness Name <i>Liz Leckhart</i>		Phone Number <i>573-450-0777</i>
Home Address <i>500 Koch Ave</i>		
City <i>Cape Gir</i>	State <i>MO</i>	Zip Code <i>63703</i>

**Business/Organization:** if testifying on behalf of a business or organization, please complete this section.

Witness Name		Title
Business/Organization Name:		Phone Number
Home Address		
City	State	Zip Code

**Registered Lobbyist:** if registered with the Missouri Ethics Commission and testifying on behalf of a business, organization or government agency, please complete this section.

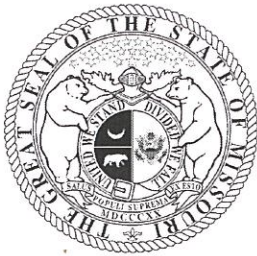
Witness Name		Phone Number
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).		

## TESTIMONY

Please briefly summarize the testimony to be presented.

*I live in 147. mixing it with more rural populations dilutes the racial diversity influence*





2021 House Independent Bipartisan Citizens Commission  
**WITNESS APPEARANCE FORM**  
November 8, 2021

#5

## WITNESS INFORMATION

Please complete **ONE** of the following sections.

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**Individual:** if testifying only on behalf of yourself, please complete this section.

Witness Name <i>Arnon Lerma</i>		Phone Number <i>573-290-2460</i>
Home Address <i>233 N Middle Apt A</i>		
City <i>Cape Girardeau</i>	State <i>MO</i>	Zip Code <i>63701</i>

**Business/Organization:** if testifying on behalf of a business or organization, please complete this section.

Witness Name		Title
Business/Organization Name:		Phone Number
Home Address		
City	State	Zip Code

**Registered Lobbyist:** if registered with the Missouri Ethics Commission and testifying on behalf of a business, organization or government agency, please complete this section.

Witness Name	Phone Number
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).	

## TESTIMONY

Please briefly summarize the testimony to be presented.

*Keep as much of Cape Girardeau together as possible. More rural areas of the city could be grouped with the County - especially Ward 4 - north of Lexington Ave and Ward 6 west of ISS*