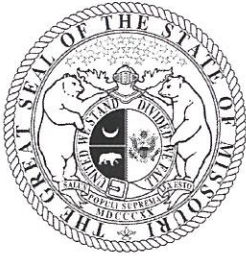


#1



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Sarah Starnes</i> | Phone Number <i>816 522 5584</i> |
|--------------------------------------|-------------------------------------|

Home Address
642 E 36th

| | | |
|---------------------------|--------------------|--------------------------|
| City <i>Kennett Mo</i> | State <i>MO</i> | Zip Code <i>64104</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.

[Empty space for testimony summary]

#2



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Karen S Wright</i> | Phone Number <i>816 589-8385</i> |
|---------------------------------------|-------------------------------------|

| |
|--|
| Home Address <i>5700 NW Platte Rd</i> |
|--|

| | | |
|--------------------------|--------------------|--------------------------|
| City <i>Riverside</i> | State <i>MO</i> | Zip Code <i>64150</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 |
|--------------|--------------|

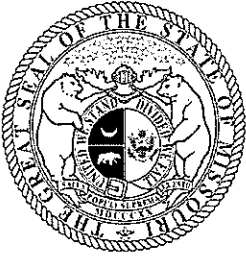
| |
|--|
| Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms). |
|--|

TESTIMONY

Please briefly summarize the testimony to be presented.

*Testifying on the Redistricting of Senate
District 34*

#3



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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: Evelyn Maddox Phone Number: 913-634-3976

Home Address: 4550 WARWICK BLVD

City: KANSAS CITY MO State: MO Zip Code: 64111

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

Witness Name: LEAGUE OF WOMEN VOTERS OF MO Title: Chair, Voter Protection Committee

Business/Organization Name: 8706 MANCHESTER ROAD #104 Phone Number: _____

Home Address: _____

City: ST LOUIS State: MO Zip Code: 63144-2727

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.

SPEAKING AGAINST CITIZEN VOTING AGE CRITERIA FOR DETERMINING DISTRICT COUNTS,

#3

Testimony re Redistricting

October 19, 2021

MO House and MO Senate Redistricting Commission

My name is Evelyn Maddox and I have lived in Metro Kansas City, Missouri for 30 years. As a member of the Voter Protection Committee of the League of Women Voters, I have come here today to speak against the use of Citizen Voting Age Population criteria for redistricting.

The League of Women Voters believes that district maps should continue to be drawn on the basis of total population — which would include all the people who live in an area — rather than only citizens of voting age. The total population method serves the principle of representational equality which is the longstanding foundation of our democracy. Legislators are elected to serve all residents, not just those eligible to vote, therefor representation should be commensurate with all residents.

Missouri families with children and people of color would lose the most if Missouri were to switch to the Citizen Voting Age Population criteria for drawing districts. According to the 2020 Census, we have nearly one and half million residents aged 17 and under which is at least 22% of our total population. If legislative district maps are based only on citizens of voting age, at least 22% of Missourians would lose representation in the General Assembly.

Additionally, the new district maps that are approved will be in place for the next decade. A lot of changes will occur in the next 10 years, including current teenagers becoming eligible to vote, and refugees and other immigrants gaining citizenship and the right to vote. Are they to be denied their representation after becoming voters?

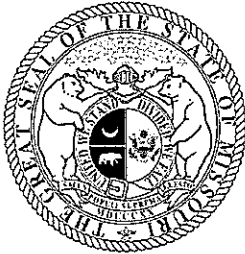
Finally, Amendment 3 that passed in 2020 specified that “Districts shall be as nearly equal as practicable in population.” Subsequent reference to “one person, one vote” in the amendment should not be conflated with the clear reference to “population” as the basis for maintaining equality between districts. Finally, it is obvious that using voting age as basis for redistricting would benefit rural areas at the expense of Missourians who live in more populous urban areas like our Kansas City area.

I, like my colleagues in the League of Women Voters throughout Missouri, believe that redistricting based on total population is a must to ensure fair and just maps for Missouri. Omitting representation of at least 22% of our resident is not fair, not logical, and would likely be tested in the courts by advocates of voter rights.



Evelyn Maddox, 4550 Warwick Blvd, Kansas City MO 64111

#4



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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: STATE REPRESENTATIVE DAN STACY
Phone Number: 816-820-8092

Home Address: 1215 SW HILLCREST DR

City: BLUE SPRINGS
State: MO
Zip Code: 64015

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: _____

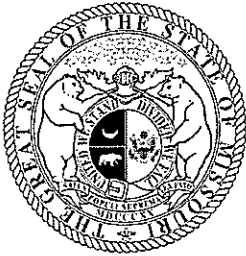
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).

TESTIMONY

Please briefly summarize the testimony to be presented.

COMPACT, CONTIGUOUS, PRESERVING COMMUNITIES OF INTEREST WOULD REMOVE SOME OF ~~THE~~ THE NORTH EASTERN PART OF THE SENATE DISTRICT 8 (- 7500-ROUGHLY PEOPLE NEED TO BE REMOVED BECAUSE OF GROWTH IN DISTRICT 8)

#5



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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 Caitlyn Adams Darrah | Phone Number 816-668-4849 |
|--------------------------------------|------------------------------|

| | | |
|----------------------------------|--|--|
| Home Address 608 NE Louisa Dr | | |
|----------------------------------|--|--|

| | | |
|----------------------|-------------|-------------------|
| City Blue Springs | State MO | Zip Code 64014 |
|----------------------|-------------|-------------------|

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 |
|--------------|--------------|

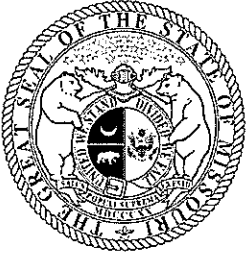
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).

TESTIMONY

Please briefly summarize the testimony to be presented.

Talk thru my experience in Jackson County & my connection to KC

#6



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Rep. RICHARD BROWN</i> | Phone Number <i>573-751-7639</i> |
|---|-------------------------------------|

Home Address
5130 LAWN

| | | |
|-------------------|--------------------|--------------------------|
| City <i>KC</i> | State <i>MO</i> | Zip Code <i>64130</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 |
|--------------|--------------|

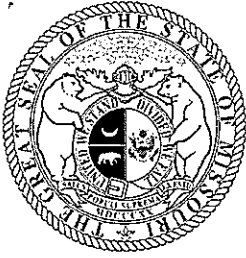
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).

TESTIMONY

Please briefly summarize the testimony to be presented.

*TO TESTIFY FOR HOUSE DISTRICTS
IN CURRENT SENATE DISTRICT 9.*

#7.



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>James R Turner</i> | Phone Number <i>816-982-1073</i> |
|---------------------------------------|-------------------------------------|

Home Address
301 W. 110th St

| | | |
|----------------------------|--------------------|--------------------------|
| City <i>Kansas City</i> | State <i>MO</i> | Zip Code <i>64114</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.

#7.

If Missouri is to be safe and prosperous in these troubled times, we must elect candidates who have engaged in genuine debate about the issues, so that they will be guided by the wisdom of the people. For example, in 2020 a poll found that 63% of Missourians think that limits should be set on carbon dioxide output by coal-fired power plants, to slow the pace of climate disruption that's causing our heat waves.¹

It cannot be healthy for us to have a system where big money decides who gets legislative seats, and then the incumbents design legislative districts that will keep themselves in power. That's a formula for electing legislators that put their heads in the sand while weather events get more and more extreme and damage our agriculture and our public safety. As an active member of the Sierra Club I know that our climate will keep getting worse unless we have wise policy at all levels of government including Missouri's Legislature.

Legislative districts should not split communities into separate districts, as I have seen happen in Kirksville and Warrensburg. I trust that when an intact community rests within a legislative district, there will be competition of ideas that the candidates must respond to. There are statistical tools that can measure the extent of partisan gerrymandering. I urge this Commission to avoid the shame of subordinating their judgment to the dominance of a political party.

Finally, Missouri should continue to be a state where everyone counts, as we have since the 1800s. It is the **total** population of each district that determines the scope of its problems, its potentials, its opportunities. So it is the total population of the district that should determine the scope of its boundaries.

¹ <https://climatecommunication.yale.edu/visualizations-data/ycom-us/>

#8



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Mary Lindsay</i> | Phone Number <i>816-885-9996</i> |
|-------------------------------------|-------------------------------------|

| |
|--|
| Home Address <i>10800 Wornall Rd #307</i> |
|--|

| | | |
|----------------------------|--------------------|--------------------------|
| City <i>Kansas City</i> | State <i>MO</i> | Zip Code <i>64114</i> |
|----------------------------|--------------------|--------------------------|

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

| | |
|-------------------------------------|-------|
| Witness Name <i>Mary Lindsay</i> | Title |
|-------------------------------------|-------|

| | |
|--|-------------------------------------|
| Business/Organization Name: <i>League of Women Voters</i> | Phone Number <i>816-885-9996</i> |
|--|-------------------------------------|

| |
|--|
| Home Address <i>10800 Wornall Rd #307</i> |
|--|

| | | |
|----------------------------|--------------------|--------------------------|
| City <i>Kansas City</i> | State <i>MO</i> | Zip Code <i>64114</i> |
|----------------------------|--------------------|--------------------------|

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.

| |
|--|
| |
|--|

#9



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>INGRID BURNETT</i> | Phone Number <i>816 214 2338</i> |
|---------------------------------------|-------------------------------------|

| |
|--|
| Home Address <i>3418 Gladstone Blvd</i> |
|--|

| | | |
|-------------------|--------------------|--------------------------|
| City <i>KC</i> | State <i>MO</i> | Zip Code <i>64123</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 |
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| | | |
|------|-------|----------|
| 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 |
|--------------|--------------|

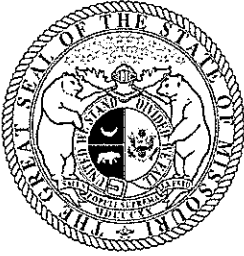
| |
|--|
| Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms). |
|--|

TESTIMONY

Please briefly summarize the testimony to be presented.

| |
|---------------------------------------|
| <i>Preserve community of interest</i> |
|---------------------------------------|

#10



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Alice Nelms</i> | Phone Number <i>970-683-9828</i> |
|------------------------------------|-------------------------------------|

| |
|--|
| Home Address <i>200 N. Osage St. Apt. F</i> |
|--|

| | | |
|-----------------------------|--------------------|--------------------------|
| City <i>Independence</i> | State <i>MO</i> | Zip Code <i>64050</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 |
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| | | |
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| 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.

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| Witness Name | 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.

| |
|---|
| <i>* Independence should be districted w/ Blue Springs & Lee's Summit rather than Kansas City (as some plans propose) because of our shared needs and community interests</i> |
|---|

11



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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: Juliana Sellers Phone Number: (816) 588-9233

Home Address: 2704 SE 6th St

City: Blue Springs State: MO Zip Code: 64014

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: _____

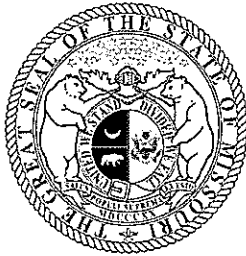
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).

TESTIMONY

Please briefly summarize the testimony to be presented.

Personal testimony of representative impact on me and my special needs kids I need to leave at 2p.m. to take my daughter to the dr. Please move on if I'm not here.

#12



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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 | Phone Number |
|--------------|--------------|

| |
|--------------|
| Home Address |
|--------------|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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 |
| MO Del Villar | 816 229 6166 |

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

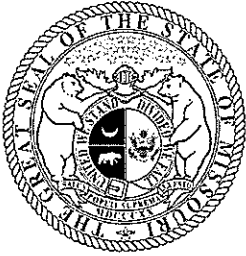
American Civil Liberties Union of Missouri

TESTIMONY

Please briefly summarize the testimony to be presented.

Submitted online

13



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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 Lamar Vickers | Phone Number 816 499-9592 |
|--------------------------------------|-------------------------------------|

| |
|--|
| Home Address 1310 Admiral Blvd |
|--|

| | | |
|-------------------|--------------------|--------------------------|
| City KC | State MO | Zip Code 64106 |
|-------------------|--------------------|--------------------------|

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 |
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| | | |
|------|-------|----------|
| 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 |
|--------------|--------------|

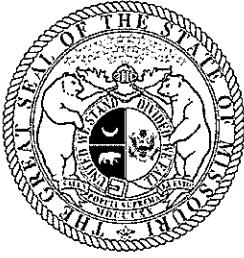
| |
|--|
| Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms). |
|--|

TESTIMONY

Please briefly summarize the testimony to be presented.

| |
|--|
| |
|--|

14



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Paul Washinefon</i> | Phone Number <i>816-577-1511</i> |
|--|-------------------------------------|

| | | |
|--|--|--|
| Home Address <i>6507 Brentwood Ct</i> | | |
|--|--|--|

| | | |
|--------------------------|--------------------|--------------------------|
| City <i>Grandview</i> | State <i>MO</i> | Zip Code <i>64030</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.

| |
|--|
| |
|--|

15



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Beth Thompson</i> | | Phone Number <i>8 807 1747</i> |
| Home Address <i>4550 Warwick Blvd #1210</i> | | |
| City <i>KC</i> | State <i>MO</i> | Zip Code <i>64111</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.

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#16



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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 PAUL TRASK | Phone Number (816)824-5824 |
|-----------------------------------|--------------------------------------|

Home Address
210 E. WHISPERING HILLS BLVD.

| | | |
|--------------------------|--------------------|--------------------------|
| City LONE JACK | State MO | Zip Code 64014 |
|--------------------------|--------------------|--------------------------|

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 |
|--------------|--------------|

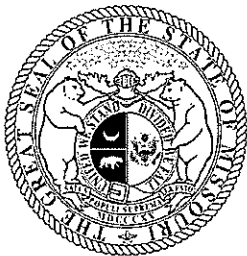
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).

TESTIMONY

Please briefly summarize the testimony to be presented.

**RESTORE UNITY OF JACKSON COUNTY
DISTRICT 5**

#17



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Nola Wood</i> | Phone Number <i>816-820-3413</i> |
|----------------------------------|-------------------------------------|

| | | |
|---|--|--|
| Home Address <i>11301 Kensington</i> | | |
|---|--|--|

| | | |
|-------------------|--------------------|--------------------------|
| City <i>KC</i> | State <i>Mo</i> | Zip Code <i>64137</i> |
|-------------------|--------------------|--------------------------|

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

| | |
|----------------------------------|-------------------------|
| Witness Name <i>Nola Wood</i> | Title <i>Founder</i> |
|----------------------------------|-------------------------|

| | |
|--|-------------------------------------|
| Business/Organization Name: <i>KC Conservatives</i> | Phone Number <i>816-820-3413</i> |
|--|-------------------------------------|

| | | |
|---|--|--|
| Home Address <i>11301 Kensington</i> | | |
|---|--|--|

| | | |
|-------------------|--------------------|--------------------------|
| City <i>KC</i> | State <i>Mo</i> | Zip Code <i>64137</i> |
|-------------------|--------------------|--------------------------|

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 |
|--------------|--------------|

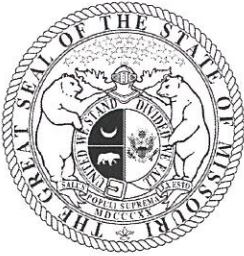
Business, organization or government agency name as registered with the Ethics Commission (Do not use acronyms).

TESTIMONY

Please briefly summarize the testimony to be presented.

I want to urge the new boundaries to be drawn compact, contiguous, with communities of interest.

16



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>William Davies</i> | Phone Number <i>(847) 636-3642</i> |
|---------------------------------------|---------------------------------------|

| |
|---|
| Home Address <i>6717 Locust Street</i> |
|---|

| | | |
|----------------------------|--------------------|--------------------------|
| City <i>Kansas City</i> | State <i>MO</i> | Zip Code <i>64131</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.

Community matters, representation matters, and fair maps matter. Please draw lines based on total population and keep communities together by not splitting them. Lines should be drawn to empower - not divide - communities and encourages competition, and creates maps that preserve communities of interest & reflects our state's great diversity.

#19



2021 Senate Independent Bipartisan Citizens Commission
WITNESS APPEARANCE FORM
October 19, 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>Ashley Aune</i> | Phone Number <i>9136332599</i> |
|------------------------------------|-----------------------------------|

| |
|---|
| Home Address <i>8201 N Oregon Dr</i> |
|---|

| | | |
|-------------------|--------------------|--------------------------|
| City <i>KC</i> | State <i>MO</i> | Zip Code <i>64151</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>Keeping St Joe in the 34th Dist.</i> |
|--|