



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1089		DATE: 4/18/2023	
COMMITTEE: Local Government			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DELLA MILLER		PHONE NUMBER: 573-216-0827	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION MANAGEMENT		TITLE: OWNER	
ADDRESS: 2121 BAGNELL DAM BLVD			
CITY: LAKE OZARK		STATE: MO	ZIP: 65049
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL WESTEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: MichaelWesten.3up@protonmail.com		ATTENDANCE: Written	SUBMIT DATE: 4/18/2023 8:59 AM

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I support HB 1089. The current consumer protections pertaining to HOA's are insufficient. HOA's are a mess.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: NICOLE MCGRAW		PHONE NUMBER: 314-565-0201	
BUSINESS/ORGANIZATION NAME: SENTRY MANAGEMENT		TITLE: DIVISION PRESIDENT	
ADDRESS: 7421 MEXICO RD. SUITE 101			
CITY: ST. PETERS		STATE: MO	ZIP: 65376
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: PATRICK MCLANAHAN		PHONE NUMBER: 636-352-3826	
BUSINESS/ORGANIZATION NAME: FIRST CITIZENS BANK (LAB)		TITLE: REGIONAL ACCOUNT EXECUTIVE	
ADDRESS: 701 AUTUMNWOOD FOREST DR.			
CITY: LAKE ST. LOUIS		STATE: MO	ZIP: 63367
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: PHOEBE NESETH		PHONE NUMBER: 703-978-9256	
BUSINESS/ORGANIZATION NAME: COMMUNITY ASSOCIATIONS INSTITUTE		TITLE: DIRECTOR, GOVERNMENT AFF.	
ADDRESS: 6402 ARLINGTON BLVD, STE 500			
CITY: FALLS CHURCH		STATE: VA	ZIP: 22042
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TODD J. BILLY		PHONE NUMBER: 314-425-4967	
BUSINESS/ORGANIZATION NAME: SANDBERG PHOENIX AND COMMUNITY ASSOCIATIONS INSTITUTE		TITLE: ATTORNEY	
ADDRESS: 120 S. CENTRAL AVE. STE 1600			
CITY: ST. LOUIS		STATE: MO	ZIP: 63105
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person		SUBMIT DATE: 4/18/2023 11:34 PM
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I am Opposed to this Bill and taking away Local Control. There NEEDS to be some changes and Grand-Fathered Clause. I Proposed several Amendments that can be viewed on the Archived Testimony before the Committee.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JOHN BARDGETT		PHONE NUMBER: 636-530-9392	
REPRESENTING: ST. LOUIS HBA		TITLE:	
ADDRESS: 16141 SWINGLEY RIDGE ROAD			
CITY: ST. LOUIS		STATE: MO	ZIP: 63017
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM	
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