

BILL NUMBER: HB 344				DATE: 3/21/2023
COMMITTEE: Local Government				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: ANGELA SCHULTI	E		PHONE NUME 573-680-0	
REPRESENTING: MISSOURI COUNT	Y COLLECTERS ASS	OCIATION	TITLE:	
ADDRESS: P.O. BOX 1108				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



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TESTIFYING : ✓IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORMA	TIONAL PURPOSES	
	WITNESS NAME			
BUSINESS/ORGANIZATION:				
WITNESS NAME: MICHELLE D. MCBRIDE		PHONE NUMBER 636-949-790		
BUSINESS/ORGANIZATION NAME: ST. CHARLES COUNTY		TITLE: COLLECTOR OF REVENUE		
ADDRESS: 201 NORTH SECOND STREET, SUITE 134				
CITY: SAINT CHARLES		STATE: MO	ZIP: 63301	
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM		
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	WITNESS NAME			
BUSINESS/ORGANIZATION:				
WITNESS NAME: RHONDA ANNO		PHONE NUMBE 660-385-32		
BUSINESS/ORGANIZATION NAME: MACON COUNTY COLLECTOR'S OFFICE		TITLE: COLLECTO	TITLE: COLLECTOR OF REVENUE	
ADDRESS: 101 EAST WASHINGTON STREET, SUITE 302				
CITY: MACON		STATE: MO	ZIP: 63552	
EMAIL:	ATTENDANCE:	SUBMIT DA 3/21/202	ATE: 23 12:00 AM	
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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE PHONE NUMBER:			ER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT DATE: 3/21/2023 11:23 PM	
THE INCODIA	TION ON THIS EOD	MIC PURI IC PECCE	D LINIDED CITA	DTED 040 DOM

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I am Opposed to this Bill as it reads. I Propose the Following Amendment: Publish Two (2) Weeks in the Largest Circulated Newspaper nearest the County and on the County-Web for six (6) Weeks. In addition, a Certified Letter shall be mailed to ALL Property-Owners. We are talking about people Homes and Property and NEED to give them every Notice and Opportunity to bring the Taxes Due.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: MARK MASSEN			PHONE NUMB 573-449-4 2	
REPRESENTING: MISSOURI PRESS ASSOCIATION		TITLE: EXECUTIVE DIRECTOR		
ADDRESS: 802 LOCUST STREET				
CITY: COLUMBIA			STATE: MO	ZIP: 65201
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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