

BILL NUMBER: HB 543				DATE: 2/14/2023
COMMITTEE: General Laws				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JAMES HARRIS			PHONE NUME 573-761-7	
REPRESENTING: OOIDA			TITLE:	
ADDRESS: 122 EAST HIGH STREET, SUITE 200				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/14/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				



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		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: TOM CRAWFORD			PHONE NUME 573-634-3	
REPRESENTING: MO TRUCKING AS	SOC.		TITLE:	
ADDRESS: 102 E. HIGH				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/14/2023 12:00 AM	
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TESTIFYING:	☐IN SUPPORT OF	☑ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	E PUBLIC ADVOCATE	PHONE NUM	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT 2/14/2	DATE: 023 11:51 PM
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I Opposed this Bill in its present form. Much needs to be done and investigated. Please review my Testimony to the Committee on the Archived Video.



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	WITNESS NAME				
REGISTERED LOBBYIST:					
WITNESS NAME: DWIGHT SCHARNHORST		PHONE NUM 314-401- 8			
REPRESENTING: THE MISSOURI GROUP		TITLE:			
ADDRESS: 1890 SAN PEDRO LA					
CITY: FENTON		STATE: MO	ZIP: 63026		
EMAIL:	ATTENDANCE:	SUBMIT 2/14/2	DATE: 023 12:00 AM		
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JARED K. INNIS			PHONE NUME 816-985-13	
BUSINESS/ORGANIZATION ALL STAR TOWN	ON NAME: G & RECOVERY, INC.		TITLE: PRESIDEN	NT
ADDRESS: 9285 N. CONANT				
CITY: PLATTE CITY			STATE: MO	ZIP: 64079
EMAIL:		ATTENDANCE:	SUBMIT D 2/14/20	DATE: 123 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: PAUL LEWIS			PHONE NUME 636-734-5	
REPRESENTING: TOWING & RECO	VERY ASSN. OF MISSO	PURI	TITLE:	
ADDRESS:				
CITY: ST. LOUIS			STATE: MO	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT I 2/14/20	DATE: 123 12:00 AM
THE INCODMA	TION ON THIS EOD	M IS DUBLIC BECOR	D LINDED CHA	DTED 610 DSMo



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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: RON HARVEY			PHONE NUME 816-810-5	
BUSINESS/ORGANIZATIONS AUTO & TR			TITLE: MANAGEI	R
ADDRESS: 590 N.W. AA HWY				
CITY: KINGSVILLE			STATE: MO	ZIP: 64061
EMAIL:		ATTENDANCE:	SUBMIT 0 2/14/20	DATE: 123 12:00 AM
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