

BILL NUMBER: HB 647				DATE: <b>2/8/2023</b>
COMMITTEE: Utilities				
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	E PUBLIC ADVOCATE	PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT D 2/8/202	ATE: 3 11:53 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHAI	PTER 610, RSMo.

I Support this Bill. Stop any additional Tax on Video Streaming.



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: HAMLIN WADE			PHONE NUM <b>720-696-4</b>	
BUSINESS/ORGANIZATION DIRECTV	ON NAME:			TE VICE PRESIDENT, AL AFFAIRS
ADDRESS: 562 WEST AMHUR	RST AVENUE			
CITY: ENGELWOOD			STATE: CO	ZIP: <b>80110</b>
EMAIL:		ATTENDANCE:	SUBMIT <b>2/8/202</b>	DATE: 2 <b>3 12:00 AM</b>
THE INFORMA	TION ON THIS FORI	M IS PUBLIC RECOR	D UNDER CHA	PTER 610 RSMo



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: CHARLES C. CAVI	ERLY		PHONE NUME 314-566-0	
BUSINESS/ORGANIZATION CITY OF MARYLAI			TITLE: COUNCIL	MAN WARD 3
ADDRESS: 117 MIDLAND AVE	NUE			
CITY: MARYLAND HEIGI	HTS		STATE: MO	ZIP: <b>63043</b>
EMAIL:		ATTENDANCE:	SUBMIT 0 2/8/202	DATE: 23 12:00 AM
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JOHN F. MULLIGA	AN, JR.		PHONE NUMB	ER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 2/8/202	ATE: 3 12:00 AM
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: KEVEN SCHNEIDI	ER		PHONE NUME <b>816-271-4</b>	
BUSINESS/ORGANIZATION CITY OF ST JOSE			DEPUTY I	DIRECTOR OF VORKS
ADDRESS: 1100 FREDERICK	AVENUE			
CITY: ST. JOSEPH			STATE: MO	ZIP: <b>64501</b>
EMAIL:		ATTENDANCE:	SUBMIT I 2/8/202	DATE: 23 12:00 AM
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TESTIFYING:	$\square$ IN SUPPORT OF	▼ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: MARK BRUNS			PHONE NUMI	BER:
REPRESENTING: CITY OF ST. PETE	RS		TITLE:	
ADDRESS:			·	
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: <b>65101</b>
EMAIL: mark@brunslobby	y.com	ATTENDANCE: Written	SUBMIT I 2/7/202	DATE: 2 <b>3 7:49 PM</b>

#### THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Taxpayers in the City of St. Peters foot the bill to maintain hundreds of miles of public right of way. Private, for-profit companies that utilize the right of way need to pay their fair share and contribute to right of way maintenance.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: PAT KELLY			PHONE NUMB <b>314-726-4</b> 7	
REPRESENTING: MUNICIPAL LEAG	UE METRO ST LOUIS		TITLE:	
ADDRESS: 1911 DORSETT RI	D.			
CITY: MARYLAND HEIG	нтѕ		STATE: MO	ZIP: <b>63043</b>
EMAIL:		ATTENDANCE:	SUBMIT D 2/8/202	ATE: 3 12:00 AM
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		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: RICHARD SHEETS	3		PHONE NUMB <b>573-635-9</b>	
REPRESENTING: MISSOURI MUNIC	IPAL LEAGUE		TITLE:	
ADDRESS: 1727 SOUTHRIDG	E DRIVE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65109</b>
EMAIL:		ATTENDANCE:	SUBMIT D 2/8/202	3 12:00 AM
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	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUM <b>660-890-</b> 1	
REPRESENTING: CITY OF KANSAS CITY		TITLE:	
ADDRESS: 208 MADISON STREET			
CITY: JEFFERSON CITY		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT <b>2/8/20</b>	DATE: <b>23 12:00 AM</b>
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TESTIFYING:	$\square$ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: STEVEN M. BERE	ZNEY		PHONE NUMBE	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: sberezney@koreii	ntillery.com	ATTENDANCE: In-Person	SUBMIT DA 2/8/2023	ATE: 3 5:53 PM
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See supplemental testimony re HB 479 and my in-person committee testimony.



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		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: WILL MARRS			PHONE NUM <b>417-848-8</b>	
REPRESENTING: CITY OF SPRINGF	FIELD		TITLE:	
ADDRESS: 211 EAST CAPITOL AVENUE				
CITY: JEFFERSON CITY	,		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT <b>2/8/20</b> 2	DATE: <b>23 12:00 AM</b>
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: NOEL TORPEY			PHONE NUME 816-674-84	
REPRESENTING: MISSOURI INTERN	NET AND TELEVISION	ASSOCIATION (MITA)	TITLE:	
ADDRESS: 217 EAST CAPITOL AVENUE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT D 2/8/202	OATE: 3 12:00 AM
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