



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 148		DATE: 5/2/2023	
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			
INDIVIDUAL:			
WITNESS NAME: ELBERT WALTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 5/2/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: PAT KELLY		PHONE NUMBER: 314-726-4747	
REPRESENTING: MUNICIPAL LEAGUE OF METRO STL		TITLE:	
ADDRESS: 1911 DORSETT RD.			
CITY: MARYLAND HEIGHTS		STATE: MO	ZIP: 63043
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/2/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/28/2023 10:05 PM
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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: Written		SUBMIT DATE: 5/2/2023 11:59 PM

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I am Opposed to this Bill and the Meeting Fee. This Proposed Fee NEEDS to be Reduced to \$35 Per Meeting. Under the Testimony of the Bill Sponsor these Districts are very small and have Few Street Lights and Small Populations of Residents. I appreciate having this opportunity to Testify on this Bill that will lead to Corruption, Fraud and Misuse of the Tax-Payer Dollars, instead of going to the Payment of Bills to Ameren U.E. in providing Electricity for Street Lights presently provided. Defeat this Bill by the House local Government Committee!



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: AMEREN		TITLE:	
ADDRESS: 213 E. CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/2/2023 12:00 AM	
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