



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 275		DATE: 4/24/2023	
COMMITTEE: Ways and Means			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: AMY BLUNT		PHONE NUMBER: 816-213-8282	
REPRESENTING: META PLATFORMS		TITLE:	
ADDRESS: 217 E. CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/24/2023 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: CARA HOOVER		PHONE NUMBER: 573-356-9698	
REPRESENTING: EVERGY		TITLE:	
ADDRESS: PO BOX 2322			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/24/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KARA CORCHES		PHONE NUMBER: 573-634-3511	
REPRESENTING: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY		TITLE:	
ADDRESS: 428 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/24/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL GROTE		PHONE NUMBER: 573-256-7060	
REPRESENTING: DOGWOOD ENERGY LLC		TITLE:	
ADDRESS: PO BOX 638			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/24/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAY MCCARTY		PHONE NUMBER: 573-680-9478	
BUSINESS/ORGANIZATION NAME: ASSOCIATED INDUSTRIES OF MISSOURI		TITLE: PRESIDENT/CEO	
ADDRESS: 3234 W TRUMAN BLVD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: rmccarty@aimo.com	ATTENDANCE: In-Person		SUBMIT DATE: 4/23/2023 8:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This bill would relieve ratepayers of paying sales taxes we do not believe are due on items used to transmit and deliver the taxable service of electricity to customers. The fiscal note should be the low end of the range shown on previous fiscal notes because that is an estimate based on actual taxable sales data from the DOR. The upper end of the range is a number without foundation that was provided by OA and should be removed from the fiscal note. Also, the bill will prevent refunds from the previous 10 years on such items that would result in 10 times the impact.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: REBECCA EICHELBERGER		PHONE NUMBER: 573-659-3401	
REPRESENTING: ASSOCIATION OF MISSOURI ELECTRIC COOPERATIVES		TITLE: DIRECTOR OF GOVERNMENT RELATIONS	
ADDRESS: 2722 EAST MCCARTY STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: reichelberger@amec.org	ATTENDANCE: In-Person		SUBMIT DATE: 4/24/2023 10:55 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYAN DEBOEF		PHONE NUMBER: 573-635-6944	
REPRESENTING: MISSOURI SOLAR ENERGY INDUSTRY ASSOCIATION		TITLE:	
ADDRESS: 1423 RANDY LN			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: ryan@hahndeboef.com	ATTENDANCE: Written		SUBMIT DATE: 4/24/2023 11:28 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. MOSEIA supports the bill.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ZACH MONROE		PHONE NUMBER: 573-681-7124	
REPRESENTING: AMEREN MISSOURI		TITLE:	
ADDRESS: 101 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/24/2023 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: Written	SUBMIT DATE: 4/24/2023 11:46 PM

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**I am Opposed to this Bill. This Bill is for Utilities Companies and Screws the Missouri Consumers.
Defeat this Bill in its tracks!**



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RICHARD SHEETS		PHONE NUMBER: 573-635-9134	
REPRESENTING: MISSOURI MUNICIPAL LEAGUE		TITLE:	
ADDRESS: 1727 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/24/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JACINTO SALAZAR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jaylynnsalazar33@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 4/21/2023 6:17 PM

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I'm a 2nd Amendment supporter and I want to take part in any way to help



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JACINTO SALAZAR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jaylynnsalazar33@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/20/2023 6:10 PM

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I'm not familiar with any of the bills that infringes on my rights to bare arms. I'm submitting this email because I am a 2nd Amendment supporter.