



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |                      |
|--|-------------|---|----------------------|
| BILL NUMBER:<br><b>HB 2057</b>   |             | DATE:<br><b>1/10/2024</b>                 |                      |
| COMMITTEE:<br><b>Utilities</b>   |             |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>SARAH MARTIN</b>   |             | PHONE NUMBER:<br><b>573-239-0887</b>      |                      |
| REPRESENTING:<br><b>NETFLIX</b>  |             | TITLE:                                    |                      |
| ADDRESS:<br><b>903 WEST HIGH STREET</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65109</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>1/10/2024 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>ZACH POLLOCK</b>   |             | PHONE NUMBER:<br><b>573-645-7210</b>      |                      |
| REPRESENTING:<br><b>MOTION PICTURE ASSOCIATION</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>1030 WESTWOOD</b>   |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65109</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>JAKE SILVERMAN</b>   |             | PHONE NUMBER:<br><b>314-757-1135</b>      |                      |
| REPRESENTING:<br><b>CITY OF WILDWOOD</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>16860 MAIN STREET</b>   |             |   |                      |
| CITY:<br><b>WILDWOOD</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>63040</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>JEFF BROOKS</b>  |             | PHONE NUMBER:<br><b>314-941-9235</b>      |                      |
| REPRESENTING:<br><b>GAMBLE &amp; SCHLEMEIER; CITY OF CHESTERFIELD; CITY OF ST. CHARLES</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>PO BOX 1865</b>   |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65102</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>1/10/2024 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |                               |  |
| <b>REGISTERED LOBBYIST:</b>  |                               |  |
| WITNESS NAME:<br><b>NIKKI STRONG</b>   |                               | PHONE NUMBER:<br><b>573-634-4876</b>     |
| REPRESENTING:<br><b>CITY OF ST. PETERS</b>   |                               | TITLE:                                   |
| ADDRESS:<br><b>213 E. CAPITOL</b>  |                               |  |
| CITY:<br><b>JEFFERSON CITY</b>   |                               | STATE:<br><b>MO</b>                      |
|  |                               | ZIP:<br><b>65101</b>                     |
| EMAIL:<br><b>nikki@strongconsultllc.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>1/10/2024 8:58 AM</b> |

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

The City of St. Peter's estimates exempting video providers and streaming, along with the reduction of cable franchise fees via legislation a few years ago, will cost the City \$756,000 over the next 5 years. This will hinder the City's ability to continue to maintain its right of ways which currently cost \$10 - \$11 million annually.



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| <b>WITNESS NAME</b>  |                               |  |
| <b>REGISTERED LOBBYIST:</b>  |                               |  |
| WITNESS NAME:<br><b>PAT KELLY</b>  |                               | PHONE NUMBER:<br><b>314-726-4747</b>     |
| REPRESENTING:<br><b>MUNICIPAL LEAGUE OF METRO STL</b>  |                               | TITLE:<br><b>EXECUTIVE DIRECTOR</b>      |
| ADDRESS:<br><b>11911 DORSETT ROAD</b>  |                               |  |
| CITY:<br><b>MARYLAND HEIGHTS</b>   |                               | STATE:<br><b>MO</b>                      |
|  |                               | ZIP:<br><b>63043</b>                     |
| EMAIL:<br><b>patkelly1717@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>1/10/2024 2:02 PM</b> |

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The League opposes HB 2057 because it would limit the ability of local governments to adequately manage the public rights-of-way (ROW) by reducing the revenues necessary to maintain ROW. The ROW includes maintaining and constructing, extending, and improving the streets, sidewalks, sanitary or storm sewer systems and green space. The League supports the formation of the Right-of-Way Task Force established by statute in the Wayfair Bill, to evaluate this complicated issue and charge with making educated recommendation for fair and equitable fees for current and future user of the public ROW taking into account new technologies. The Task Force has not convened a meeting because the legislature has not fully appointed the members.



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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>RICHARD SHEETS</b>   |             | PHONE NUMBER:<br><b>573-635-9134</b>      |                      |
| REPRESENTING:<br><b>MISSOURI MUNICIPAL LEAGUE</b>  |             | TITLE:<br><b>EXECUTIVE DIRECTOR</b>       |                      |
| ADDRESS:<br><b>1727 SOUTHRIDGE DRIVE</b>   |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65109</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>RYAN MOEHLMAN</b>  |             | PHONE NUMBER:<br><b>573-634-6314</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>CITY OF JEFFERSON</b>  |             | TITLE:<br><b>CITY ATTORNEY</b>            |                      |
| ADDRESS:<br><b>320 EAST MCCARTY STREET</b>   |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>SHANNON COOPER</b>   |             | PHONE NUMBER:<br><b>660-890-1432</b>      |                      |
| REPRESENTING:<br><b>CITY OF KANSAS CITY</b>  |             | TITLE:                                    |                      |
| ADDRESS:<br><b>208 MADISON STREET</b>  |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
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| <b>REGISTERED LOBBYIST:</b>  |             |   |
| WITNESS NAME:<br><b>SHANON HAWK</b>  |             | PHONE NUMBER:<br><b>573-230-9069</b>      |
| REPRESENTING:<br><b>MUNICIPAL LEAGUE OF METRO ST. LOUIS</b>  |             | TITLE:                                    |
| ADDRESS:<br><b>101 EAST HIGH STREET, FIRST FLOOR</b>   |             |   |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>65101</b>                      |
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| <b>WITNESS NAME</b>  |             |                           |   |
| <b>INDIVIDUAL:</b>   |             |                           |   |
| WITNESS NAME:<br><b>STEVEN M. BEREZNEY</b>   |             | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                    |   |
| ADDRESS:   |             |                           |   |
| CITY:  |             | STATE:                    | ZIP:                                      |
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